

NOTE: As this trip is considered a regular school activity all normal discipline policies and expectations apply. Any student involved in alcohol or drugs will be severely disciplined. In the case of an extended trip, the parents will be asked to take their child back before the end of the trip.

Students not taking part in the field trip will remain at school and be engaged in _____

If you require more information or wish to discuss the field trip further, please contact the undersigned teacher or principal at _____
(Phone No.)

Signature of Teacher

Signature of Principal

Signature of Superintendent
(if required)

PLEASE SIGN AND RETURN ONE COPY OF THE FORM AND RETAIN A COPY FOR FUTURE REFERENCE

PARENT/GUARDIAN CONSENT

RE: STUDENT _____ Grade: _____

(check appropriate box)

I hereby consent to _____ participating in a field trip to _____ and agree to pay the proposed costs if the trip proceeds. If the Board of Trustees deems that it is inappropriate for the trip to proceed for safety reasons, I understand that I will be responsible for any cancellation cost, as they relate to my child.

Thank you. I do not wish my child to participate in the field trip.

HEALTH AND CONTACT INFORMATION

Indicate any health related problems this child has:

Special medical, dietary or other instructions:

Parents/Guardians phone numbers: Home _____ Business _____

The following person(s) should be contacted in the event that parents can not be reached:

Name _____ Phone No. _____

EMERGENCY PERMIT

In the case of a medical emergency, I hereby give permission to the physician selected by the supervising teacher to hospitalize, treat and to order injection, anesthesia or surgery for my child or ward as named above in the event I cannot be contacted.

Signature of Parent/Guardian

Date