August 2016 6:240-E4

**Instruction**

**Exhibit - Field Trip Parent Permission Form**

The students in  will take a trip to

as part of a unit of study about  on (date)  The cost of the trip is $  per student.

Students will leave from  at (time)  and return at approximately

Method of transportation will be by  Bus or  Other

Students will need to: Bring a sack lunch Other:

     Bring money for lunch Wear warm clothes

Please be aware that you can order a sack lunch for your child for any fieldtrip from District 25 Food Services Department for a cost of $**2.85**. The lunch will consist of a turkey deli sandwich, veggie sticks, pretzels, cookie and juice. The lunch must be ordered in advance of the trip. If you are ordering lunch, please send money separately or indicate you want it paid from your child’s Mealtime lunch account.

Please sign the Parent Permission Form below and return the permission form along with the payment for the cost of the trip no later than . **Make checks payable to**:

*Fieldtrips are an extension of the learning day, and we would like all students to have the opportunity to attend these experiences. If you wish to discuss financial assistance, please contact the school office.*

**Please note: Should circumstances beyond our control prevent this field trip from being completed (weather conditions, traffic delays, etc.), some or all of the cost may be non- refundable.**

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My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to accompany his/her class on the field trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am aware of the nature of the activity and give him/her my full consent to participate. Enclosed is $\_\_\_\_\_\_\_\_ to cover the cost of the trip.

As a parent and/or guardian**, I do herewith authorize the treatment** by a qualified and licensed medical doctor to my minor child listed above in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

In the event of an emergency, I can be reached at the following number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pediatrician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_

I wish to order a deli sack lunch for my child (circle one): Yes No

\_\_\_\_$2.85 Cash/Separate Check enclosed \_\_\_\_ Charge Lunch Account

**Please list any medications or medical conditions that the supervising person should be aware of. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please explain on the back of this form.**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My son/daughter may not attend this event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature and Date