

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 _____ Bring money for lunch _____ Wear warm clothes _____ Other _____

Please be aware that you can order a sack lunch for your child for any fieldtrip from District 25 Food & Nutrition Services Department for a cost of \$3.25. There are two sack lunch options available: turkey, ham & cheese on a hawaiian bun or a vegetarian friendly lunch with yogurt, string cheese & goldfish crackers. All lunches will include chips, sliced apples, baby carrots and 100% fruit/juice box.

Lunch must be ordered in advance of the trip. If lunch is ordered, money sent in will be deposited on your student's mealtime account. The cost of the lunch will be paid out of your student's meal account. To view your student's meal account visit www.mymealtime.com.

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.

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.

Please list any medications or medical conditions that the supervising person should be aware of (explain on the back of this form):

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 sack lunch from school. Select which sack lunch your child would like. \$3.25 will be deducted from your student meal account (unless you qualify for free or reduced price (\$.40) lunch).

_____ Turkey, ham & cheese on Hawaiian bun _____ Yogurt, string cheese & goldfish crackers

Parent Signature: _____ Date: _____

My son/daughter may not attend this event: Parent Signature: _____ Date: _____