

Parent/Guardian Field Trip Authorization

Student Name: _____ Homeroom Teacher: _____

Field Trip Destination: Golden Gardens Beach day Date of Trip: Thursday, June 22, 2017

Departure Time to Destination: 9:30am from McClure Bus Pick up time from: 1:00pm
(Must be back at school by 1:45 pm)

Type of Transportation Bus _____ Cost of Trip: \$40.00 (Checks payable to: McClure PTSA)

Describe activities involved in experience: Beach day celebration, with team games and food.

I authorize and consent to medical, surgical, hospital care, treatment and procedures to be deemed immediately necessary if advisable by a physician to safeguard my child's health if I cannot be contacted. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent form to be treated with the same authority as the original. I have reviewed all the above information, including the list of expected activities and understand the dangers and risks associated with participating in this activity. I hereby give my permission for my student to participate in this activity. I approve the transportation plan as outlined. My signature reflects my knowledge of the details of the trip and its itinerary. I understand that District policies and procedures pertaining to pupil conduct, discipline, and rights applies to pupils while on this field trip and that I, as the parent, will be responsible for getting my child back home if the student breaks the rules. Rules on field trips are the same as required of students within the school confines. Students violating school conduct rules on a field trip are subject to the same disciplinary action as would apply if they were on school property. Students who are currently under disciplinary action (e.g. suspension) at the time of the field trip will be excluded from participation.

Signature of Parent/Guardian _____ Date _____

In case of an emergency you may reach _____ at _____
(contact name) (phone #)

Please list any medical concerns that we should be aware of: _____

I would be available to chaperone if requested YES NO

Name _____ Phone Number _____

I would like to donate a scholarship. YES NO

My child will require a scholarship to attend. I have filled out the request form on the back.

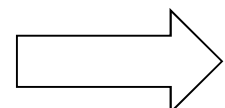
LUNCH ARRANGEMENTS

My child will: need a school lunch ____no____
 be bringing lunch or money from home ____no____

PERMISSION SLIPS ARE DUE: _____ FRIDAY, MAY 26, 2017

(Note: Students who do not turn in their permission slip and money by the above deadline will NOT be allowed to go on the field trip)

My child will require assistance to attend. (Please fill out the following)



We can afford to pay \$ _____ towards the cost of this field trip. I am requesting assistance for the remaining \$ _____.

We qualify for assistance because:

The circumstances described below make it difficult for us to afford the full cost of this field trip.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

FOR SCHOOL USE ONLY

DONATION FUND _____ \$ _____
[Fiscal Clerk]

SAUL HAAS FUND _____ \$ _____
[Head Counselor]

PRINCIPAL'S FUND _____ \$ _____
[Principal]