

Field Trip Permission Slip

Teacher/Sponsor of Trip: Mrs. Carbaugh, Mrs. Juno, Mrs. LaRoue Grade: ONE (1)
Destination: Vulcan Quarry Date of Trip: Friday, May 30, 2014
Cost of Trip (Including Transportation): \$2.00 Due Date: Friday, May 16, 2014

Payments may be made online at <https://ccps.schoolcashonline.com>, or by cash or check made payable to the school. Please note: The last day to make an online payment for this trip is Friday, May 23, 2014.

Arrive at school no later than: 9:00 AM Time Leaving: 9:15 AM Time Returning: 11:45 AM

Lunch Information: Students will have LUNCH at school during their regularly scheduled time.

Please complete the Bag Lunch Order Form on the reverse side.

Parent Chaperones are Needed: Yes No (Contact sponsor of trip if interested in helping) Cost for Chaperone: N/A

Sponsor Comments: Students will be visiting the Vulcan Quarry. Please dress appropriately for outdoor weather.

PARENTS ARE TO KEEP THIS PART OF THE FORM

PLEASE RETURN THIS PART OF THE FORM

Name of Student: _____ Grade: _____

Destination: _____ Date of Trip: _____

I hereby give my permission for my student to participate in the school-sponsored trip listed above. I understand that if the departure or arrival time is outside the regular bus schedule, I will provide transportation to and/or from school. School sponsored trips are part of the program and therefore staff and chaperones are responsible for reasonable and prudent supervision of students. Students are held to the same code of conduct for the duration of the trip as if they were in school.

In the event that my student should require emergency medical care at any time that he/she is under the supervision of the Cecil County Public Schools or any of its employees or agents, I give my full permission for emergency medical care to be administered/obtained. I understand that every reasonable attempt will be made to reach me at the telephone numbers listed below, but that no emergency care will be delayed or withheld because of an inability to promptly contact me.

Parent/Guardian's Daytime Phone Number (the day of the trip): _____

Parent/Guardian's Cell Phone Number: _____

Other Emergency Contacts:

1. _____

Name	Relationship to Student	Phone Number
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2. _____

Name	Relationship to Student	Phone Number
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List any concerns, allergies, other pertinent health information or any medications that may be necessary.

(Medications will be administered by the classroom teachers. Appropriate forms must be completed)

If someone other than yourself is picking up your student, please put their name and number below.

Name of person: _____ Phone Number: _____

Please indicate method of payment: Payment made online: Cash enclosed: Check made payable to the school enclosed:

Parent/Guardian Signature*: _____ Date: _____

*The above signature grants permission to attend the field trip and to administer/obtain emergency medical treatment

Bag Lunch Order Form

Bag Lunches are available to all students for field trips.

Student's Name: _____ Teacher's Name: _____

Please check the appropriate Menu choice below

- Menu 1 - Crustless Peanut Butter & Jelly Sandwich, String Cheese, Raisins, Apple Sauce, Baby Carrots, Mini Animal Grahams, and Milk or Juice*
- Menu 2 – Turkey & Cheese Hoagie, Raisins, Apple Sauce, Baby Carrots, Mini Animal Grahams, and Milk or Juice*
- Menu 3 – Italian Combo Hoagie, Raisins, Diced Peaches, Baby Carrots, and Milk or Juice*

**Depending on availability*

- Cash or Check made payable to CCPS Food and Nutrition attached *[full price \$2.45(elem.), \$2.60(Sec.), Reduced price \$.40 for all levels, if student is eligible for free meals no payment is needed]*
- Please deduct the price of the bag lunch from my child's account (Funds may be added online using the School Cash Online program and selecting the Meal Plan tab)
- I will provide lunch for my child

