

SCHOOL-SPONSORED EXTENDED FIELD TRIP PERMISSION FORM

SCHOOL: Cardinal Heights Upper Middle School

Date: April

Dear Parent/Guardian:

Your child has the opportunity to participate in the following field trip away from school.

Teacher: Mr. Chase Grade Level: 8th

Trip Date: Fe. 19 to Feb. 24, 2014

Trip Destination: Washington DC

Trip Purpose: To provide an unique learning expeerience, as well as a valuable insight into our nation's history and government.

Type of Transportation: motor coach Location of Departure Caridnal Heights

Time of Departure: 3:30 AM Feb. 19 Time of Return (Approximate): 9:00 AM Feb 24

Basic Cost of Trip: \$932 or \$957 Money Due By: Spring Deposit due June 1  
Fall Depsoit due Oct. 1

Additional Spending Money: encouraged  will not be necessary

**(over)**

**PARENT/GUARDIAN COMPLETE:**

\_\_\_\_\_ (Child's name) has my permission to participate in the described field trip and/or extra-curricular activity.

I am providing the following information for the safety of my child:

1. In the event of an emergency, please contact either me or the emergency contact person listed below: **(please be sure these people are available during the dates and times of this trip)**

\_\_\_\_\_  
(Name of parent/guardian) (Phone)

\_\_\_\_\_  
(Person to call in case of emergency) (Phone)

2. Please be aware of these health concerns that may require the assistance of school staff. (Wearing Med Alert bracelet is strongly advised if your child has a condition that could be life-threatening without prompt treatment.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. To comply with state law, any student requiring medication or treatment to be administered by staff during the field trip must have a medication consent form on file in the school. Forms are available in the school nurse office.

The teacher will accompany your child on the trip and will use all reasonable precautions with regard to safety and general welfare. If for behavioral/disciplinary reasons your child must return from the trip early and separate from the participating group, you will be notified and asked to pick up your child, or you may be responsible for any additional incurred trip expenses.

Please return this permission form no later than \_\_\_\_\_

Please sign below to indicate permission for your child to go on the trip. Contact the principal or your child's teacher if you have questions or concerns.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Phone Number