

SKHS FIELD TRIP PERMISSION SLIP FORM

Field Trip Destination: _____ Date of Field Trip: _____

Time: _____

Code of Conduct

I understand that all district policies and procedures are in effect on this field trip. All rules, including schedules and curfew will be strictly adhered to at all times.

- No consumption or possession of tobacco or illegal substances (alcohol, drugs, paraphernalia or other facsimiles *(i.e. cigarettes, e-cigarettes, electronic devices used for smoking, oils for e-devices)*)
- Show courtesy and respect toward others at all times.
- No gambling

The following disciplinary actions can take place in the event that the Code of Conduct, school policies, or district procedures are not followed:

1. Student sent home immediately at his/her own expense.
2. Students found in violation of SKHS District Policy #3330 regarding, but not limited to use/possession of illegal substances (alcohol, drugs, paraphernalia, or facsimiles) shall be subject to expulsion, suspension, or discipline which could result in loss of credits, denial of diploma, or removal from activities (i.e. commencement ceremonies, future field trips, sports, or other events)
3. Placed under the direct care and supervision of a chaperone.
4. Confined to a specified area.
5. Referred to school Administration.

I have read and understood the above conditions to attend this field trip. My signature below indicates **I agree to the terms, conditions, rules, policies, and procedures.**

I agree to check with all of my teachers/classes to determine what work will be missed, and what work needs to be made up. I also accept responsibility for the impact this field trip may have on my classes.

_____ (Student printed name)

_____ (Date)

_____ (Student's signature)

_____ (Cell Phone #)

Students complete this portion and have it signed by teachers prior to submitting field trip form :

Period Block	Class	Current Grade	Approved	Teacher Name	Teacher Initials	Comments
1						
2						
3						
4						
5						
6						
7-8						

MEDICAL RELEASE

Authorization is hereby granted to the director/chaperone of the group to secure proper medical attention and/or hospitalization of _____ (Student's Name Printed) in the event of a medical emergency. The parent/guardian shall be contacted prior to such action, and if this is not possible, will be notified as soon as possible. I understand that I will consume full responsibility of the payment of any services rendered. _____ (Parent/Guardian initials).

Students who have student insurance purchased by parents through the school are covered from the time they leave home until they return on school days and authorized events. Purchase of student insurance is encouraged.

In the event of an emergency, and parent/guardian cannot be reached please call:

_____ **(Printed Name of ER Contact)** _____ **(Phone #)**

NAME OF FAMILY DOCTOR: _____ **PHONE:** _____

INSURANCE COMPANY: _____ **POLICY #:** _____

LIST ANY MEDICAL CONCERN(S) _____

LIST ANY MEDICINES IN USE: _____

LIST ANY ALLERGIES: _____

I am the parent/guardian of the above named student and have read, understood, and agree to the terms and conditions regarding my student's field trip.

_____ **(Parent/Guardian printed name)**

_____ **(Parent/Guardian Signature)** _____ **(Date)**

_____ **(Cell Phone)** _____ **(Work Phone)** _____ **(Alternate Phone)**