



PARENT PERMISSION FORM -- FIELD TRIP

DIVISION OF ATHLETICS/ACTIVITIES
AND ACCREDITATION

Field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as community service projects.

SECTION I. IDENTIFYING INFORMATION

SCHOOL Archimedean Academy DATE May 3, 2019
STUDENT'S NAME _____ I.D. NO. _____ GRADE/HR 2nd grade

SECTION II. NOTIFICATION TO PARENT

The 2nd grade team is planning a field trip for 2nd grade to Super Wheels
Teacher/Sponsor Name _____ Group/Subject _____
The purpose of the trip is to learn how the concepts of S.T.E.M can be found everywhere.
TRANSPORTATION: Private Vehicle _____ Bus _____ Airline _____ Other _____
Name of Carrier _____ Please Specify _____
This trip will be chaperoned by Teachers and Chaperones Cost to each student \$ _____
(Teacher/Parent/Both-indicate how many)

I understand that if I am unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given an opportunity to raise funds through authorized fund-raising activities, or be given assistance in identifying other fund source. (This provision does not apply to activities not directly related to classroom instruction, e.g., grad nite, football games, banquets.)

DEPARTURE: Date 5-21-19 Approximate Time 9:15 RETURN: Date 5-21-19 Approximate Time 2:00
-The above time schedule and/or personnel may be changed due to unforeseen circumstances. -

PLEASE KEEP THE TOP PORTION FOR YOUR INFORMATION.

RETURN THE BOTTOM PORTION TO THE TEACHER.

SECTION III. PARENT/GUARDIAN'S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY

I hereby give permission for my child _____ to participate in the field trip Super Wheels
(Child's Name)
DEPARTURE: Date 5-21-19 Approximate Time 9:15 RETURN: Date 5-21-19 Approximate Time 2:00
I have completed the EMERGENCY CONTACT INFORMATION in Section IV (see below).
SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SECTION IV. EMERGENCY CONTACT INFORMATION

- | | |
|---|---------------------------------------|
| 1. Name of parent/guardian _____ | 2. Parent/Guardian Phone No(s). _____ |
| 3. In case parent/guardian cannot be reached, please contact _____ | Residence: _____ |
| Relationship _____ Telephone No. _____ | Business: _____ |
| 4. Physician's Name _____ Telephone No. _____ | Beeper: _____ |
| 5. Only if applicable, complete the following: | Please list any insurance policy |
| a. My child has the following medical problem: _____ | covering your child: _____ |
| b. My child takes the following medications regularly: _____
(Proper Medical form #2702E is on file at the school) | _____ |
| c. My child has the following allergies: _____ | Policy No. _____ |

I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ON THE TRIP.