



PARENT PERMISSION FORM -- FIELD TRIP

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 \$

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.

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

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
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 Name Residence:
Relationship Telephone No. Business:
4. Physician's Name Telephone No. Beeper:
5. Only if applicable, complete the following:
a. My child has the following medical problem: Please list any insurance policy
b. My child takes the following medications regularly: covering your child:
(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.