**FIELD TRIP INFORMATION**



**KCSMA PARENT PERMISSION FORM -- FIELD TRIP**

Today’s Date: \_\_\_\_\_\_\_March 29, 2014\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_\_3rd Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Third Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is planning a field trip to \_\_\_\_\_\_Georgia Aquarium\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Teacher/Grade/Sponsor Name) (Destination)

The purpose of the trip is to enhance Science Curriculum by providing inquiry opportunity and observation of animals in their habitat.

Transportation (circle one): Private Vehicle Bus Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carrier: \_His Majesty Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field Trip Cost Per Student: $32.00\_\_\_\_\_\_\_\_\_\_\_\_\_

(Exact Cash Only-returned with this form)

Students will need to bring their normal snack and a sack lunch with drink (no lunch boxes, please). Time has not been allotted for the gift shop so students will not need extra spending money.

This trip will be very carefully chaperoned by \_\_\_\_9 Third Grade Teachers/2Quest Teachers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Teacher/Parent/Both—indicate how many)

Departure Date:Thursday, May 8, 2014 Time: 8:45 am Return Date: May 8, 20114\_ Return Time: 3:30 pm

\*The above time schedule and/or personnel may be changed due to unforeseen circumstances.

Permission Form and Fee Due by Friday, April 18, 2014

**PLEASE KEEP THIS TOP PORTION FOR YOUR INFORMATION.**

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**RETURN THIS BOTTOM PORTION TO YOUR STUDENT’S TEACHER.**

**PARENT/GUARDIAN’S WRITTEN PERMISSION TO PARTICIPATE IN FIELD TRIP**

I hereby give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the field trip to Georgia Aquarium\_.

(Student Name) (Destination)

Departure Date: May 8, 2014\_\_ Depart Time: 8:45 am\_ Return Date: May 8, 2014\_ Return Time: 3:30 pm\_\_

I have completed the EMERENCY CONTACT INFORMATION below.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Form Updated September 16, 2013

1. Name of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Parent/Guardian Phone No(s)

3. In case parent/guardian cannot be reached, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Physician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance covering your child:

5. Only if applicable, complete the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. My child has the following medical problem \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. My child take the following medications regularly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. My child has the following allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**