

2006-2007

ELLCOTTVILLE ELEMENTARY SCHOOL (PERMISSION FOR FIELD TRIPS)

I give permission for my son/daughter to attend the school-sponsored field trip described below. Written permission for children to attend is needed. We want parents to be aware of the nature of the trip; date and time children will be attending. Please remember to send appropriate apparel for weather conditions. I further understand that students are requested to turn this permission slip in to the classroom teacher before the scheduled field trip.

Parental signature _____

Today's date _____

Student's Name _____

Classroom Teacher _____

Grade level _____

Parent phone number _____ Cell number _____

Date of field trip _____ Destination _____

Bus leaves school _____ a.m. _____ p.m.

Expected return to school _____ a.m. _____ p.m.

Trip details: (Teacher completes this part.)

Lunch plan:

____ Student will need to bring a lunch. _____ Lunch will be at school.

MEDICAL PERMISSION FORM

In the event of a medical emergency when a parent or guardian cannot be contacted, the teacher/chaperone has the authority to secure medical care for my child.

Parents of children taking life-sustaining medications are asked to accompany their child on the trip.

The teacher or other school staff will carry the self-directed student's medication. The student can take his/her own medication at the appropriate time.

Name of child _____

Name of medication _____ Dosage _____

Time administer _____

Signature of parent _____

final

