A.P. 6153 – STUDENT TRIPS
Attachment 3 - Permission Slip

BOARD OF EDUCATION OF PRINCE GEORGE'S COUNTY

School: Greenbelt Middle **Date:** Monday, October 7, 2024

Dear Parent(s)/Guardian(s):

This is to inform you that the 8th Grade Team (class, group, organization) is planning a field trip to Kings Dominion (destination) on **Friday, May 30, 2025** (date)

The sponsoring teacher for this trip is Mrs. Butler, AP & Ms. Goff, PSC

The purpose of this trip is to Students will be able to conduct an investigation to provide evidence that the change in an object's motion depends on the sum of the forces on the object and the mass of the object.

Students intending to participate in said field trip are expected to assemble at the school on the date of the trip at 8:00am (time) *Depending on the departure and/or return time, you may be responsible for transporting your child to and/or from school.*

Transportation to and from the field trip destination will be provided by Spriggs Coaches, Inc (public school bus or authorized commercial carrier)

The cost to each participating student is $ 120

(date) and the remaining balance of $ (balance) is due on or before May 16, 2025 (date)

Kindly make payments to the order of N/A (Name of authorized travel agency) which is handling all of the arrangements for this trip.

*In the event of cancellation, the Board of Education of Prince George's County shall assume no responsibility or liability for the failure of any travel agency or other source having assumed the responsibility of making travel arrangements, failing to issue refunds, in whole or in part, to the students originally anticipated to participate in the student trip. *You should also be advised that this payment may be non-refundable if your son/daughter cancels the trip participation and no substitute student can be found to take and pay for said trip in his/her place.*

Furthermore, please be informed that it is the policy of the Board of Education of Prince George's County that no student be denied the opportunity to participate in a Field Trip for reasons on inability to pay. Accordingly, if you are desirous of having your son/daughter participate in said Field Trip but are unable to pay therefore, please call me at your earliest opportunity.

**This field trip will be funded in part by Board of Education school budget funds.*

Sincerely,

Supplemental Information:
***STUDENTS NEED TO WEAR THEIR 8TH GRADE T-SHIRT. A FULL LUNCH, DESSERT & DRINK ARE INCLUDED.

A.P. 6153 – STUDENT TRIPS
Attachment 3 - Permission Slip (CONT'D)

RETURN THIS COMPLETED FORM TO YOUR CHILD'S SCHOOL

School: Greenbelt Middle **Date:** 10/7/2024

I/We hereby give permission for our son/daughter _____ to participate in the
(student's name)

field trip to _____ on _____ for 8th Grade Team
(destination) *(date)* *(class, group, organization)*

being sponsored by Mrs. Goff, PSC & Mrs. Butler, AP
(sponsoring teacher)

I/We hereby certify that the information to which this permission slip has been attached has been read by me/us. You will b responsible for dropping your child to school by 7:30am and picking up your child from the school at 8:30 pm.
There are only 200 seats available. We have 420 8th graders; first come, first serve.

Parent's Signature _____ **Date:** _____

Emergency Medical Treatment Authorization

Parents or Guardians (Please print):		
1.	Phone (w):	Phone (c):
2.	Phone (w):	Phone (c):
Emergency Contact: ***(if parents can't be reached)***		
1.	Phone (w):	Phone (c):

Student Health Information

1. Does your child currently have a Prescriber's Medication Order Form on file to receive authorized medication at school? ☐ Yes ☐ No

A Prescriber's Medication Order Form ***and*** *medication(s) for all prescription and/or non-prescription medications (not administered at school) to the nurse properly labeled at least* ***30 days prior*** *to field trips to ensure adequate time for packing of medications as well as to train staff on medication administration and documentation.*

2. Does your child have any medical conditions or disabilities? ☐ Yes ☐ No
If yes, please explain: _____

3. Does the above restrict any activities? If, yes, please explain below: ☐ Yes ☐ No

4. Is your child covered by hospitalization and/or accident insurance? ☐ Yes ☐ No

Name of Insurance Carrier: _____

Family Physician (Name and Phone): _____

Dentist (Name and Phone): _____

NOTE: In a serious emergency, your son/daughter may have to be taken to the nearest hospital emergency room. Should such action be necessary, you will be notified as soon as possible and will be responsible for any charges incurred. The school has no funds to meet the bills resulting from care, which is sought outside the school setting. It is important that you understand that your signature on this card does not give the hospital permission to treat your son/daughter.

Parent/Guardian _____ **Date:** _____