

Field Trip Permission Form

My child	(student), has my permission to go with	
his/her class to 7th Grade DownTownes	Activities on Thursday, May	16, 2024.
The purpose of this trip is to provide a le	earning opportunity outside the c	classroom and use skills learned.
On the date of this field trip, I can be rea	ached at telephone number	·
An emergency contact is	(name)	(telephone number).
In the event of a serious illness or injury medical care if such care is deemed to be		
I understand that all school policies, I (Policy JCDA), apply to my child during necessary to be administered will be prechild's name and will be given directly over-the-counter medication must be proposed by may be shared with other individuals as parent and/or legal guardian of the start Form, and that I accept and will be be student.	g the course of the field trip. I a covided to the school in the origin to the person in charge of medic rovided in the original sealed pass necessary for the completion outdent, that I have read and that	agree that any prescription medication in all container, clearly marked with my cation administration on this trip. Any ackage. I understand that this form of the field trip. I certify that I am the at I understand the above Permission
Printed Name of Parent/Legal Guardian	Signature of I	Parent/Legal Guardian
Date	_	
Trip Cost is: \$5.00. Payments can be School Bucks. Students will need to Please have students turn in completed first thing in the morning between 7:10 All paperwork and payments are due: Are you interested in being a chaperon	o bring CASH on the day o d permission form and payment and 7:45. Monday, April 22nd	of the trip to purchase lunch. t to Ms.Foulkes in the front office
	Call #	Volunteer Lev 2?
NAME	CCII #	volunteer Lev 2?