LAKE ZURICH COMMUNITY UNIT
School District 95

Field Trip Permission Form

Date of Trip	**11/21/25**	**Destination**	**Chicago Symphony Orchestra**
Departure Time	**4PM**	**Return Time**	**10:30PM**
Trip Fee	**$55**	**Fee Due By**	**11/15**
Payment Options ***(i.e., check, PushCoin)***	**Please pay on PushCoin. Limited to 70 tickets**	**Additional Information** ***(if applicable)***	

Student Name:	**Homeroom (elementary only):**
Parent/Guardian 1:	**Parent/Guardian 2:**
Parent/Guardian Contact Phone 1:	**Parent/Guardian Contact Phone 2:**

My child has my permission to participate in this field trip to: __Chicago Symphony Orchestra_. I understand that all rules and regulations governing student conduct remain in effect while my child is on the field trip. In case of an accident or incident requiring medical attention, if a parent/guardian or any of the people listed above cannot be reached, I authorize the school to take emergency actions deemed necessary, including the transportation of the student to a hospital, medical center or physician for treatment. I understand that if my student is unable to attend a field trip that has been paid for in advance, there is no guarantee of a full refund.

Check if applicable:

	My child's inhaler, EpiPen, or diabetic supplies are located in the school health office. Parents are asked to contact the school nurse to verify that the medication will be given to the appropriate teacher prior to the field trip.
	My child carries an emergency medication (inhaler, EpiPen, or diabetic supplies). A medical authorization form is on file in the school health office and it is my responsibility to be sure that my child has these supplies with him/her for the field trip.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____