5/4, 1:15pm, mandatory mtg in auditorium FIELD TRIP/ACTIVITIES PERMISSION FORM

School			
I (We) hereby grant permission for	Student Name		to participate
in a field trip/activity toBusch Garde	Location	Florida) on 5/7/2	1 Date
and to make authorized or emergency st			
Students will be traveling in the following man	nner: {Must have ow	n transportation	to from school.
Walking School Bus (Commercial Carrier Bus	Rental Vehicle (Auto, Mini	Van)
Private Passenger Vehicle with [District Employee Driver	Volunteer Driver Str	udent Driver*
Time of Departure (Approximate) 5:00 pm	Time of Return	(Approximate) 1:15 am	
I authorize school representatives to obtacase of serious illness or injury and agree		d, which includes required	emergency transportation, in
I understand that the trained school emp Medications will be dispensed by a response.		nedications may or may no	t be present during this trip.
I have documented below all precautions conditions or allergies regarding my child		d's medication. I have note	ed any special health-related
All provisions of the student code of cond student code, I agree that my child's lugga All provisions in the Busch Gardens GRAD NITE Student	ge, belongings, and rooms (whe		
If the Field Trip is to a District or non-E animals, please complete the following		ill have the opportunity to	touch and hold
Your child will have the opportunity to tou to indicate your approval or denial	uch and hold captive animals d	uring this field trip. Please	check one space below
YES, my child may touch and hold th	ne animalsNO, my child	may NOT touch and hold	22
* From time to time students may be allow basis, and only with administrative appr	roval.		ties on a case-by-case
I agree /I do not agree (chec	k one) to allow my child to ride	with another student.	
Signature of Parent/Guardian	Phone (Home)	Phone (Work)	Phone (Cell)
Alternate Emergency Contact	Phone (Home)	Phone (Work)	Phone (Cell)
	Date		