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**FIELD TRIP FORM**

SOPHOMORE CLASS

|  |  |  |
| --- | --- | --- |
| GOING TO: | | DATE: |
| ADDRESS: | | PHONE: |
| COST$ | ZELLE/CASHAPP TO -214.778.7922 | |
| LEAVING: | RETURNING: | |

|  |  |  |  |
| --- | --- | --- | --- |
| CHILD | CAN ATTEND  SIGNATURE | CAN NOT ATTEND  SIGNATURE | EMERGENCY # |
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\*\* PARENTS PLEASE SIGN IN THE BOX THAT PERTAINS TO YOUR CHILD\*\*

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ICE FORM - IN CASE OF EMERGENCY



|  |  |
| --- | --- |
| CHILDS NAME |  |
| CHILDS D.O.B. |  |
| EMERGENCY CONTACT |  |
| CONTACTS PHONE # |  |
| CONTACTS WORK # |  |
| CONTACTS EMAIL |  |

I GIVE KKAPVA PERMISSION TO TRANSPORT MY CHILD TO FIELDTRIPS.

\_\_\_\_\_\_\_\_\_\_\_\_

IF MY CHILD HAD A MEDICALLY DIAGNOSED ALLERGY TO FOOD, I MUST MAKE SURE TO COMPLETE AN **APP** (ALLERGY PREPAREDNESS PLAN – THAT’S SIGNED BY A PHYSICIAN).

\_\_\_\_\_\_\_\_\_\_\_\_

I DO GIVE PERMISSION FOR KKAPVA & STAFF TO TRANSPORT MY CHILD TO A HOSPITAL IMMEDIATELY IF THERE WAS AN INCIDENT THAT REQUIRES MEDICAL ATTENTION.

\_\_\_\_\_\_\_\_\_\_\_\_

PARENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| CHILDS NAME | FIELD TRIP FORM | ICE FORM | MONEY  PAID | FOOD ALLERGY PLAN | LUNCH SACK  PROVIDED |
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FIEDL TRIP DAY CHECK OFF LIST

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FIEDL TRIP DAY STUDENT LIST

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHILDS NAME | IN THE BUS | OFF THE BUS | IN THE BUS | OFF THE BUS | IN THE BUS | OFF THE BUS | IN THE BUS | OFF THE BUS |
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