

Mountain View Montessori School

Field Trip Form

Permission to Participate and Authorization for Medical Services

This form is to be filled out completely and returned to the school before the student is allowed to participate in the field trip..

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|-------------------------------|--|---------------------------------|
| _____ | <u>Wagner's Farmland Experience</u> | <u>October 18, 2019</u> |
| Teacher(s) | Destination | Activity Date |
| <u>Parents will Transport</u> | <u>9:00am, arrive early</u> | <u>After Lunch, Approx. 1pm</u> |
| Type of Transportation | Meeting Time | Return Time |
| <u>\$7.00/person</u> | <u>Admission price includes 1 pumpkin and 1 apple.</u> | |
| Student Cost | Additional Information | |

I, the parent/guardian authorize qualified and professional emergency treatment, hospitalization, and medical treatment in the event of an accident. A copy of this permission form will accompany the trip sponsor.

I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the student or guardian in the case of such extracurricular activities. I give permission for emergency medical transportation and treatment. I understand that any expenses incurred by such services are my responsibility.

The Mountain View Montessori School encourages students and teachers to learn and **exemplify the virtues of Respect, Citizenship, Caring, Trustworthiness, Fairness and Responsibility.** It is expected of all students' and parents that participate in the field trip activities to practice these qualities whether they are on or off campus. The parent/guardian and student do hereby accept, by agreement, the responsibilities related to the following statements:

1. Parent agrees to know where their child is at all times while on the field trip.
2. A student shall not intentionally cause or attempt to cause damage to private property. If a student should cause willful damage to the property, the school or property owner will seek restitution from the parent/guardian.
3. A student shall not intentionally cause or attempt to cause physical injury to another.
4. Any violation of local, state or federal laws on school trips will be subject to disciplinary action by the school.

The PARENT/GUARDIAN of _____ who attends Mountain View Montessori School hereby gives permission for this student to participate in the above mentioned field trip

Number Attending in addition to student _____

_____ Prescription medication(s) student is taking

_____ Known allergies to medications

_____ Emergency Contact Name

_____ Emergency Contact Phone Number

_____ Parent/Guardian Signature _____ Date

_____ Phone # you can reached on day of fieldtrip

I decline to participate in the field trip on October 18th, 2019. I understand that my student will be marked absent and will need to stay home for the day.

_____ Parent/Guardian Signature _____ Date