## **Field Trip Permission Form**

Dear Parent or Guardian,

Your child is going on a field trip. Please read the information in the field trip schedule information packet sent separately. Then, sign and return this permission slip by May 29, 2025.

|             | 2025.  |   |                                      |
|-------------|--|---|--------------------------------------|
|             | Field Trip Information  Date: (circle the dates child will Location: See Field Trip Schedule Purpose: to have fun and experie Cost: See Field Trip schedule Payment: (circle one) cash Means of Transportation: Totten Leave school: various times Special Instructions: Wear a Totten Control of the Control of t | le nce new things check made to Tottenberry's berry's bus Arrive back | brightwheel at school: various times |
|             | *All children are expected to be on their best behavior on all field trips. Please discuss this at home before each trip. Recurring incidents may lead to expulsion from field trips.  |   |                                      |
|             | Authorized to Treat Minor Students In the event that I cannot be reached in an emergency, I hereby permit the concerned school authorities to call 911 and/or to contact a medical facility or physician selected by the school to provide proper treatment to I will be responsible for all expenses arising in association with such treatment.  |   |                                      |
| Choose one. | Prescription or Over-the-counter Medication  Please initial here to certify that you have, in your child's file at his/her regular school office, a current profile enlisting necessary medication that he/she must take.  Please initial here if your child does not take any medication.   |   |                                      |
|             | Acknowledgment of Notification Regarding Risk I hereby acknowledge that I have been notified whether or not the activities involved in this field trip are considered to be of 'high risk' to the participants.  |   |                                      |
|             | Indemnity and Waiver of Claim  I, the undersigned, parent/legal guardian of  |   |                                      |
|             | Parent's Signature:  | Date:_  |                                      |