HORTONVILLE AREA SCHOOL DISTRICT

Field Trip Permission Slip

Teacher/Coach/Advisor:

I give permission for r	my child: to ac	company his/her clas	ss/activity on a field t	rip to:
Place: Date: Rain Date: Leaving School: Time Returning School: Cost: Meals: Purpose of Trip:				Please notify the teacher/coach/advisor if the cost of this field trip presents a financial hardship.
Return permission slip and mone	y by:			
	•	ns, please contact (Sta portion to the teache		
-		e of School) p Permission Slip		
I give permission for	my child: to acc	company his/her class	s/activity on a field tr	ip to:
	F	Place: Date: Rain Date:		
In an emergency I/we can be reached at:	Name: Home: Work: Other:		Parent/Guardi Home: Work: Other:	an
Allergies/medical condition: Medication: (Please review Board Policy #5330 School Medication Po	olicy)			
□ I am interested in bein **Anyone wishing to chaperone must ha event! **	•		•	
Board Policy #2340/8640 Field and Other in the academic/athletic field trip. Your c		•	•	
Board Policy #5335 Care of Students with field trips with the families of students wi student's needs. If at all possible, a pare trained staff member will be assigned to r	th chronic health nt/guardian will b	conditions to decide be encouraged to acc	appropriate strategicompany his/her chil	es for management of the d. If this is not possible, a
If I/we cannot be reached in an emergend son/daughter as needed.	:y, I/we give perm	nission to have medic	cal treatment admini	stered to my
		Par	rent/Guardian Signa	ture Date