**HORTONVILLE AREA SCHOOL DISTRICT**

Teacher/Coach/Advisor:

**Field Trip Permission Slip**

I give permission for my child:  to accompany his/her class/activity on a field trip to:

**Please notify the teacher/coach/advisor if the cost of this field trip presents a financial hardship.**

**Place:**

**Date:**

**Rain Date:**

**Leaving School:**

**Time Returning School:**

**Cost:**

**Meals:**

**Purpose of Trip:**

**Return permission slip and money by:**

**Questions:** If you have questions, please contact (Staff member / phone)

***Tear off and return bottom portion to the teacher/coach/advisor***

-----------------------------------------------------------------------------------------------------------------------------------------------------------------------

**(Name of School)**

**Field Trip Permission Slip**

I give permission for my child:  to accompany his/her class/activity on a field trip to:

**Place:**

**Date:**

**Rain Date:**

In an emergency I/we can be reached at:

**Balboa, Nicholas**

**Home:**

**Work:**

**Other: (920) 419-2199**

**Parent/Guardian**

**Home:**

**Work: (920) 419-1768**

**Other:**

**Allergies/medical condition:**

**Medication:**

**(Please review Board Policy #5330 School Medication Policy)**

□ I am interested in being a chaperone. Please have a teacher/coach/advisor contact me.

**\*\*Anyone wishing to chaperone must have a volunteer/background check on file with the office prior to chaperoning the event! \*\***

Board Policy #2340/8640 Field and Other Sponsored Trips, parental permission is required in order for your child to participate in the academic/athletic field trip. Your child will not be permitted to participate without a completed permission slip.

Board Policy #5335 Care of Students with Chronic Health Conditions: Health Staff/Teachers/Coaches/Advisors should discuss field trips with the families of students with chronic health conditions to decide appropriate strategies for management of the student’s needs. If at all possible, a parent/guardian will be encouraged to accompany his/her child. If this is not possible, a trained staff member will be assigned to monitor the student’s welfare and respond appropriately to any emergency.

If I/we cannot be reached in an emergency, I/we give permission to have medical treatment administered to my son/daughter as needed.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**