

Offsite field trip permission slip

EDUCATIONAL HARBOR / RENAISSANCE FESTIVAL

Please complete this form that will accompany your child on the field trip. This information is necessary should we need to contact you while we are away from the school. No student will be allowed to participate without this form being completed and signed by the parent or guardian. The information on this form is considered confidential and will accompany the school trip leader/nurse on the trip.

Permission is granted for: (Student name)_____ PLEASE PRINT

to take a trip to the **by Carpool on March 27, Friday to the Bay Area Renaissance Festival in Tampa, FL.**

Time of departure is **8:45AM from school** and time of return is no later than 7PM (Park is open 10AM-6PM.

Adults: \$16, Kids grades 7+ = \$16, Kids grades K-6 = \$11

☐ My child will attend and needs a ride (fill out bottom of form)

☐ My child will attend, and I am driving. I can take _____ other children and will meet at school at 8:30, or at 10AM at the Bay Area Renaissance Festival if I am not taking any other students but my own.

PARENT/GUARDIAN INFORMATION: (FILL OUT IF PARENT IS NOT ATTENDING)

Parent/Guardian Name: _____

Address: _____

Phone #: _____

Emergency Phone #: _____

Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.

Student's Date of Birth _____

Allergies: _____

Conditions requiring special consideration (medical/physical): _____

Primary contact name _____

Relationship to student: _____

Phone #: _____

Work Phone #: _____

Cell Phone/Pager #: _____

Student's Physician: _____

Phone #: _____

Student's Dentist: _____

Phone #: _____

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

HEALTH INSURANCE INFORMATION:

Company Name: _____

Policy #: _____

Group #: _____

Parent/Guardian Name: _____

Date: _____

(PLEASE PRINT)

Parent/Guardian Signature: _____

Please pack lunch and snacks for your student or you can RSVP for lunch for \$5 before March 18th. \$5 is due the day of the trip. Lunch is at any stall in the park that is \$6 or less. Students can also bring money for shopping, other food, hair braiding, face painting, and some small rides. Otherwise, there are free shows and plenty to see.