

SCHOOL-SPONSORED FIELD TRIP/SPECIAL TRIP PERMISSION FORM

SCHOOL: High School

Date: 4/14/2014

Dear Parent/Guardian:

Your child has the opportunity to participate in the following field trip away from school.

Teacher: Sveum Grade Level: 10-12

Trip Date: May 7-11, 2014

Trip Destination: Jazz at Lincoln Center - New York, New York

Trip Purpose: Participation in "Esentially Ellington" North American Finals

Type of Transportation: Coach and Air Location of Departure SPHS

Time of Departure: 4:00am Time of Return (Approximate): 11:00pm

Basic Cost of Trip: approx. \$225 Money Due By: 5/6/2011

Additional Spending Money: encouraged  will not be necessary

**(over)**

**PARENT/GUARDIAN COMPLETE:**

\_\_\_\_\_ (Child's name) has my permission to participate in the described field trip and/or extra-curricular activity.

I am providing the following information for the safety of my child:

1. In the event of an emergency, please contact either me or the emergency contact person listed below: **(please be sure these people are available during the dates and times of this trip)**

\_\_\_\_\_  
(Name of parent/guardian) (Phone)

\_\_\_\_\_  
(Person to call in case of emergency) (Phone)

2. Please be aware of these health concerns that may require the assistance of school staff. (Wearing Med Alert bracelet is strongly advised if your child has a condition that could be life-threatening without prompt treatment.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. To comply with state law, any student requiring medication or treatment to be administered by staff during the field trip must have a medication consent form on file in the school. Forms are available in the school nurse office.

The teacher will accompany your child on the trip and will use all reasonable precautions with regard to safety and general welfare. If for behavioral/disciplinary reasons your child must return from the trip early and separate from the participating group, you will be notified and asked to pick up your child, or you may be responsible for any additional incurred trip expenses.

Please return this permission form no later than 5/2/2014

Please sign below to indicate permission for your child to go on the trip. Contact the principal or your child's teacher if you have questions or concerns.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Phone Number