Dear Parents:

(Please make a brief statement regarding the date, place, and purpose of the trip.)

Students should not bring money or valuable items.

Student will need to bring a sack lunch: _____ Yes _____ No

*Please make sure that the student’s name is on the bag.*

*Send disposable drinks--no cans or bottles. Please make sure everything is disposable.*

Special Instructions:

What to wear: ____________________________  What to bring: ____________________________

______________________________  ______________________________

______________________________  ______________________________

______________________________  ______________________________

______________________________  ______________________________

______________________________  ______________________________

______________________________  ______________________________

______________________________  ______________________________

Please complete the attached form, sign and return it to your child's teacher by ____________________________ (date)
(Name of School)
Field Trip Information/Consent Form

Field trip to: ____________________________________________________________
Date of trip: __________________________________________ Cost: $________________
Teacher/Team: __________________________________________________________
Means of transportation:  Bus ____   Walking ____

Parent/Guardian: Please complete the following information, sign and return this form to the teacher by __________________________. Include check or money order for applicable fees made payable to:

Student Name: _________________________________________________________
____ May attend the field trip.
____ May not attend the field trip. I understand that he/she must still attend school that day.

Allergies/Medication:

Does your child have any allergies?  Yes No Please list type below.

If yes, does your child carry an inhaler and self-administer the medication?
Yes ____ No ____

Is your child on daily medication?  Yes No Please list type and dosage below.

I give my permission for this medication to be given according to the Medication Administration Policy and Procedures of Community Consolidated School District 93.   Yes ____  No ____

EMERGENCY CONTACT INFORMATION ON THE DAY OF THE FIELD TRIP

Emergency contact #1:  Name: _____________________________ Phone: ______________
Emergency contact #2:  Name: _____________________________ Phone: ______________

If needed, I would be willing to chaperone this trip.  Yes ________  No ________

You will receive a confirmation if you are needed.

__________________________________  __________________________
(Signature of Parent/Guardian)       (Date)