

CREEKSIDE CHARTER MANAGEMENT

FIELD TRIP PERMISSION SLIP

Creekside Charter School

Squaw Valley Preparatory

TEACHER NAME _____ has organized a field trip for your child's class. Here are the details:

DESTINATION NAME/ADDRESS: _____

DATE(S) OF FIELD TRIP: _____ DEPARTURE TIME: _____ RETURN TIME: _____

METHOD OF TRANSPORTATION: _____

WHAT STUDENTS SHOULD BRING: _____

The entire cost for this trip is \$_____ (or \$_____ per student). Donations/contributions are needed to ensure we can take the trip. No child will be eliminated from the trip due to inability to contribute. If we do not raise enough funds, we will not be able to take the trip. In the section below, please check the option that applies to you and return this form to your child's teacher no later than _____. Students who elect not to participate in this field trip will have an independent study day.

Student Name: _____

My child will not be attending the field trip.

My child has permission to attend the class field trip to.

We are attaching \$_____ now for this trip (make checks payable to Creekside Charter Management).

We are attaching \$_____ to support the activity, and would like to set up a payment plan and or ask for a scholarship.

The family of _____ will not be sending in a financial donation/contribution at this time.

Please check one:

My child DOES NOT HAVE Medication on file in the school office.

My child HAS Medication on file in the school office that needs to accompany him/her on this trip.
Specify: _____

Please indicate what kind of insurance coverage the student has:

Insurance plan name: _____

Policy # _____

In case of an accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of Creekside Charter Management (CCM) to make any arrangements considered necessary for my child to receive medical or hospital care, including necessary transportation. I agree to bear all costs of medical treatment and necessary transportation for my child. Parents and guardians of students waive all claims against CCM for injury, accident, illness, or death occurring during or by reason of the field trip. (Ed Code 35330)

Parent Signature

Date

Emergency Phone # for dates of trip