

School District of Lodi  Non-Extended Field Trip Permission Form

- Primary     Elementary     OSC     Middle     High     Gibraltar     C.R.E.W.

Dear Parent/Guardian:

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

**Date of trip:** \_\_\_\_\_ **Trip Destination:** \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**PARENT/GUARDIAN COMPLETES:**

<p><b>Will your child need to take any medication during this field trip?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please provide the necessary times and instructions for administering medication. The medication must be carried by the teacher and have a completed/signed medication request/consent form in the office.</p> <p>Name of Medication (s): _____</p> <p>Special Notes: _____</p> <div style="border: 1px dashed black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; font-size: small;">Internal Use Only: Medication Administered by: Initial: _____ Date/Time: _____</p> </div>
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Does your child have any health conditions, clothing requirements or a special accommodation that chaperones on this field trip should be aware of?     Yes     No

If yes, please explain: \_\_\_\_\_

Please provide a primary and a back-up telephone number where a parent or designated guardian can be reached during this field trip:

Primary Contact		Phone	
Back-up Contact		Phone	

**PLEASE NOTE:** 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 responsible for any additional incurred trip expense.

**LUNCH NEEDED:**

- Yes, my child would like a sack lunch for the field trip (lunch account will be charged)**
- No, a sack lunch is not needed for this trip.**

*My signature verifies I have read the field trip information sheet and give permission for my child to attend this trip. I understand that I will also be required to sign a separate waiver form in order for my child to attend this trip.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

- I would like to sponsor another student and have included an additional amount of \_\_\_\_\_
- Please check here if the cost of the fieldtrip presents a financial hardship
- Chaperones invited – I may be contacted at \_\_\_\_\_
- No Chaperones needed for this trip.

**PERMISSION FORM DUE BY** \_\_\_\_/\_\_\_\_/\_\_\_\_

Internal Use: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Scholarship Requested