

Field Trip Permission Slip

A field trip has been planned for your child's class. Carefully read through the information on this form and indicate if your child has permission to attend this voluntary trip.

Trip Date for Powell, West, White & Willis: October 23, 2018

Trip Date for Jewell, Sams, A. Taylor, M. Taylor & Wilson : October 24, 2018

Departure Time: 8:30am Return Time: 2:15pm

Grade Level: 1st Grade

Student Fee: \$4.50

Trip Location: Hummel Planetarium, Richmond, KY

Purpose(s) Of Trip: Students will observe the night sky and enrich their knowledge of patterns in space as a review of their current science unit.

PLEASE return permission slip by Friday, October 13th. Money can be turned in, on or before that date.

By signing permission below, it is understood that each child will be responsible for any personal articles. School employees and chaperones will not be responsible for the loss or damage to any personal items brought by children. Students must follow all rules and regulations in place at the field trip destination, including the site's emergency plans. Parent Chaperones are limited due to seating, and are chosen based upon the date/time they volunteer to serve. All chaperones MUST have an up-to-date criminal background check and confidentiality training.

Yes, my child has permission to go on the field trip to Hummel Planetarium. In order for arrangements to be made, I understand that this permission slip must be returned by **Friday, October 13th, 2018. I have attached the \$4.50 admission.**

No, my child does not have permission to attend the field trip. Please make alternative arrangements for my child at school.

I will provide a sack lunch for my child.

My child will need a sack lunch from the cafeteria.

In case of an emergency or serious illness, I hereby authorize school employees to arrange medical care or transportation for my child and I request that the school, either prior to treatment when practicable or as soon afterwards as possible, contact me or another person identified below to the school as an emergency contact.

Insurance Company _____ Policy Number _____

Medical Concerns _____

Daytime Parent Phone Number(s) _____

Student Name _____ Teacher _____

Parent/Guardian Signature _____ Date _____

