

FIELD TRIP PERMISSION FORM

Destination/Purpose of Trip: Disney World - April 1-5

Date of Trip: April 1-5 Approximate Mileage of Trip: _____

Departure Time _____ Return Time _____ Mode of Transportation: _____

Transportation Cost to Student: _____ Admission Cost to Student: \$ _____

\$ Other Costs (itemized): \$ _____ Total Cost to Student: \$ _____

Additional Notes: see other info sheets

Please return to Mr. Lukac no later than ASAP

This field trip is: Refundable Non-refundable

*Note: Make checks payable to your child's school. Returned/NSF checks are collected electronically along with the state-allowed fee (currently \$25.)

Please detach and keep top portion for your records - return bottom portion to the school.

Destination: Disney Date of Trip: April 1-5

Teacher Name: Lukac Grade: HS

To parent/guardian: This permission slip must be filled out completely including signature and telephone numbers.

Please print in ink.

Student Name: _____ Parent/Guardian: _____

Home Phone: _____ Parent/Guardian Cell(s): _____

Home Address: _____

Place of Employment: _____

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Student Insurance Purchased (Optional): YES NO

My son/daughter **does not** have a chronic medical condition.

My son/daughter **does** have a chronic medical condition. Please attach any pertinent information regarding any chronic medical conditions or allergies as well as any medication (prescription or otherwise) student is currently taking that must be administered during the course of this field trip.

I hereby give permission for my child, _____, to accompany your group on the field trip described above. I also authorize the calling in of a doctor and/or the providing of other necessary medical services at my expense should an emergency arise. I certify that my child is in good health and can participate in all the normal activities of the group.

I do not wish my child, _____, to accompany your group on the field trip described above.

Signature of Parent/Guardian: _____ Date: _____

Teacher Approval: 1st _____ 3rd: _____
2nd: _____ PantherTime 4th: _____