

HAMILTON TOWNSHIP SCHOOL DISTRICT
SCHOOL: Steinert High School

PARENT PERMISSION FORM

Dear Parent(s)/Guardian(s):

An educational field trip is being planned involving your child and will be supervised by teacher and parent chaperones. Your child's attendance on this field trip is optional. No grade or credit is attached to attendance on the trip, but there will be follow-up activities associated with the trip upon its return. If you choose not to have your child attend the trip, an appropriate and meaningful program will be planned for him/her during school hours. The district's Pupil Code of Conduct is always in effect during school related activities including field trips. Please complete and return the bottom portion to the trip sponsor or main office on or before _____

PRINCIPAL

Date of Trip: March 25 & 26, 2017 Student Cost: _____

Type of Event & Event Address: Seneca High School – FIRST Week 3 Event

Departure Time: 6:45 am Return Time: Evening

Type Of Transportation For This Event: Walk School Bus Charter Bus **Auto** Other*
(circle one)

*Explain Other: _____

DETACH HERE - PARENT PERMISSION FORM – GIVE TO TRIP SPONSOR OR MAIN OFFICE

SCHOOL: _____ STUDENT'S NAME: _____
TRIP EVENT: _____ DATE OF TRIP: _____

Teacher: _____
Class(MS/HS Only): _____

↓ check all that apply below ↓

- I grant permission for my child to attend the trip
- I prefer not to have my child attend the trip
- I would like the trip sponsor to call me at _____ before I reach a decision regarding this trip
- My child suffers from severe life threatening allergic reaction called Anaphylaxis
- The nurse administers medication to my child during school hours
- I will attend the field trip at my own expense to distribute medication to my child
- I will submit a physician's statement indicating that my child may attend the trip without medication
- I request that a substitute school nurse attend the field trip to administer medication (subject to availability)

Parent/Guardian: If the trip lasts beyond the normal school day, please be sure to make arrangements to pick up your child promptly. Because the cost of the trip is divided evenly among the pupils attending, **ONCE A CHILD MAKES A COMMITMENT TO GO AND PAY HIS/HER FEES, THERE CAN BE NO REFUNDS TO STUDENTS WHO DO NOT GO ON THE TRIP REGARDLESS OF THE REASON**

Parent/Guardian Signature: _____ Date: _____

IN CASE OF AN EMERGENCY, LIST A CONTACT PERSON TO CALL:
NAME OF PERSON: _____ RELATIONSHIP: _____
CELL PHONE #: _____ HOME PHONE #: _____ WORK: _____

HS & MS ONLY: Meet with your teachers to find out if you will miss any classwork and have the teacher write the class period then initial.

Per. 1 _____ Per. 2 _____ Per. 3 _____ Per. 4 _____ Per. 5 _____ Per. 6 _____ Per. 7 _____ Per. 8 _____
Per. 9 _____ Attendance _____