Field Trip Permission Slip

Harvard CUSD 50

|  |  |
| --- | --- |
| Student Name |  |
| Grade | High School Symphonic Band |
| Teacher | Korey Coffer |
| Field Trip Location | VanderCook College of Music, Chicago |
| Date (s) | February 20, 2014 |
| Departure Time | 12:00 PM |
| Return Time | 9:30 PM |
| Mode of Transportation | Durham School Bus |
| Cost – *Please remit with form* | $0.00 |

Parent/Guardian Approval

1. By signing this form you are providing consent for your child to participate in the field trip.
2. In a medical emergency, your child will be taken by ambulance to the closest hospital or trauma center. All medical fees are the parent’s responsibility
3. Your permission is requested for the teacher or principal to sign any medical forms which are needed. This will assure that treatment of any injury/illness can begin as soon as possible. Please sign this form, thereby granting your permission for school personnel to act on your behalf in the case of a medical emergency. Every effort will be made to contact parents prior to exercising the authority granted in this form.

|  |  |
| --- | --- |
| Parent Signature |  |
| Date |  |
| Home Phone |  |
| Cell Phone |  |

Please list any health concerns and/or medication that need distributing:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_