



Field Trip Permission Form

Your child's class will be attending a field trip to: _____

<i>Date</i>		<i>Time of Departure</i>	
<i>Location</i>			
<i>Cost</i>			
<i>Transportation</i>			
<i>Time Returning to School</i>			
Notes			

NO CHILD WILL BE ALLOWED TO PARTICIPATE ON FIELD TRIPS WITHOUT A SIGNED PERMISSION SLIP.

Please return this permission slip by: _____

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Teacher _____	Date of Field Trip: _____
Field Trip To _____	
Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to MRCS.)	
IF YOUR CHILD NEEDS MEDICATION ON A FIELD TRIP:	
If your child is scheduled to participate on a school field trip and it is necessary for him/her to take a daily medication, please take the following steps:	
<ol style="list-style-type: none"> (1) Enclose and seal the medication in an envelope or original container. (2) Print clearly your child's name, the name of the medication, amount to be administered, as well as the time it should be given (ie: lunch time) and signature on the envelope or on a permission slip (3) Medication must be in the school office at least one day prior to the field trip. 	
Please, have an adult hand deliver medication to the office. For the safety of your child and others <u>never send your child to school with their medications.</u>	
<u>In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:</u>	
Name: _____	Phone: _____
I, _____, request that my child, _____, participate in the event described above. I understand that this event will take place under the guidance and supervision of teachers from Montessori Regional Charter School and that all school rules and policies in effect during the regular school day will also apply during the trip event and that any infraction of these rules will be dealt with appropriately by school authorities. I also understand that as a parent/guardian of this child, I remain fully responsible for any legal responsibilities which may result from the personal actions taken by this child.	
Parent/Guardian Signature _____	Date _____