



## FIELD TRIP PERMISSION FORM

I hereby give my permission for my son/daughter (name) \_\_\_\_\_ to participate in the field trip described below. I also give permission for my son/daughter to drive in a vehicle with the assigned chaperone.

I understand that participation in this activity may involve strenuous physical activity and consequently may result in injuries. In the event that an emergency arises during this event an effort will be made to contact the parents or guardians as soon as possible. Permission is hereby granted to the supervisor of the event or their designee to seek medical treatment as necessary for the student without prior permission from parent or guardian. Permission is also granted to the staff person or other chaperones/supervisor in charge to provide the needed emergency treatment to the student prior to his/her admission to the medical facility. Permission is hereby granted to the attending physician to proceed with any medical or minor-surgical treatment and x-ray examinations for the above named student. In the event of serious illness the need for major surgery or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary in the best interest of the above named student may be given.

I also agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed.

FIELD TRIP TO: **Westminster Woods Ropes Course**

DESCRIPTION OF THE ACTIVITIES ON THE FIELD TRIP: Students will journey to the ropes course @ Westminster Woods. The day will consist of fun team and individual activities including team games and zip lines.

DATE: **5/31/2019** TRANSPORTATION: **Pivot will supply transportation via vans**

Leaving from **Pivot North Bay** at: **8:45am** Returning to Pivot North Bay at: **5:15pm**

COST: **\$30** must be paid by **5/28/2019** Make Check Payable To: **Pivot Charter North Bay**

Any known medical conditions? \_\_\_\_\_ Any known allergies? \_\_\_\_\_

Will student have medications on hand, or need or possibly need medications during the field trip, please explain?  
\_\_\_\_\_

Students may not be able to participate in the field trip if forms are not submitted on or before this date: **5/17/2019**

Emergency Phone # where I can be reached during the above times: \_\_\_\_\_

Alternative Emergency Contact: (name) \_\_\_\_\_

Phone Number(s) of Emergency Contact: \_\_\_\_\_

\_\_\_\_\_  
Signed (Parent/Guardian)

\_\_\_\_\_  
Date