



## FIELD TRIP PERMISSION FORM

I hereby give my permission for my son/daughter \_\_\_\_\_ to participate in the following field trip. I also give permission for my son/daughter to drive in a vehicle with the assigned chaperone. Lastly, I understand that participation in this activity may involve strenuous physical activity and consequently may result in injuries.

TO: **Museum of Tolerance**

DATE: Wednesday, March 6, 2019

CLASS: High School/Middle School

TRANSPORTATION: School Rental Vans  Other : \_\_\_\_\_

**Depart Corona Resource Center at 9:30am Return to Corona Resource Center at 4:30pm**

**Requested Donation: \$10**

**PERMISSIONS SLIP DUE DATE: Wednesday, February 27, 2019\***

\*Space is limited, and you may be excluded from the field trip even if you return your permission slip on time.

**Please Make Check Payable To: Pivot Charter School**

Notes: 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 also granted to the school nurse or the coach/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 supervisor of the event to seek medical treatment as necessary for the student without prior permission from parent or guardian. Permission is also 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. \_\_\_\_\_

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

Print (Parent/Guardian) \_\_\_\_\_

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