



The School District of Lee County
FIELD TRIP PARENT PERMISSION FORM



Student's Name:	School: CYPRESS LAKE MIDDLE
Date(s) of Field Trip: Thursday, March 7, 2024	Teacher/Sponsor: MR. DEAN
Destination of Field Trip: Cypress Lake High School	
Departure Time: 12:30 PM	Return Time: 4:00 PM
Purpose of Field Trip: Wind Ensemble Music Performance Assessment	
<input type="checkbox"/> During this field trip students will be exposed to the sun. Parents/guardians should ensure that sunscreen is applied before students leave home.	
<input type="checkbox"/> School Rules —All school rules apply while students are on a field trip. Should your child choose to break a rule, you may be contacted to pick him/her up immediately. All field trips shall be tobacco and alcohol/drug free.	
<input type="checkbox"/> Homework/Classwork —Students are responsible for requesting any homework and/or classroom assignments they miss while on a field trip and for making up/completing that work.	
<input type="checkbox"/> Appropriate Dress —Students and chaperones are expected to dress according to the type of field trip planned. Appropriate dress for this trip is: all-black concert dress clothes	
<input type="checkbox"/> Parent Transportation: District buses are not available. Parent volunteers who have completed the volunteer process will be driving the students. If you do not want a parent to drive your student, they may stay at school with no penalty to their grade.	
Information Below the Double Line Should Be Completed by Parent/Guardian.	
Please sign and date the form, and return to your child's teacher/sponsor by: March 7, 2024 12:00 PM	
Special Needs (check one):	
<input type="checkbox"/> My child has a medical condition and/or medication of which the school should be aware, which I have explained by completing and signing the other side of this form (see reverse) .	
<input type="checkbox"/> My child has NO special needs for this trip.	
In case of an emergency during the field trip, the teacher/sponsor can reach me at (print telephone number and name of person to be called):	
<p><i>Whenever the Superintendent or Principal determines that there are dangerous conditions which may affect the health, safety or welfare of those traveling on any field trip, the Superintendent or Principal may withdraw approval for the trip. Prior to departure on a field trip the teacher/supervisor will make himself/herself aware of and follow any travel advisories. The District will assume no liability for reimbursement of costs or expenses incurred by the cancellation of any trip.</i></p> <p><i>As the parent or legal guardian of the student listed above, I give him/her permission to participate in this field trip, including related travel. I hereby grant permission for the supervising teacher to act "in loco parentis" (in place of the parent) in the event of any medical emergency and I accept full responsibility for all medical costs in the event of such a medical emergency.</i></p> <p><i>I do hereby release and hold harmless the School District of Lee County and all of its employees from any liability or injury to my child's person or property incurred during the course of this field trip which is not the direct result of willful action or culpable negligence by the School District or its employees.</i></p>	
Parent/Guardian Signature	Date

MEDICAL INFORMATION

Your Child's Name: _____

Name and # of Medical Plan: _____

Doctor's Name and Phone #: _____

List any ailments, disabilities, health issues or problems involving your child which might affect his/her participation in the field trip:

Asthma _____	Ear Infection _____	Sleepwalking _____
Allergies _____	Epilepsy _____	Sinus _____
Bronchitis _____	Heart Disease _____	Other _____

Please explain any checked items needing clarification (e.g., "Allergies" or "Other"):

All medication is to be administered by the trip supervisor or teacher/staff chaperone. Medication must be clearly labeled with the student's name, the name of the medication, what it is to be used for, how it is to be given, the quantity to be given, and the time(s) of day/night it is to be given. Only the amount of medication required for the duration of the trip should be provided.

Name of medication: _____

What it is to be used for: _____

How it is to be given: _____

Quantity and times to be given: _____

Comments: _____

By my signature below, I am requesting that the trip supervisor or teacher/staff chaperone administer this (these) medication(s) as directed above.

Parent/Guardian Signature: _____ **Date:** _____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the trip supervisor to provide treatment for my child named above.

Parent/Guardian Signature: _____ **Date:** _____

IF PARENT/GUARDIAN CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT (please print clearly):

Name: _____ Phone #: _____