

EDUCATION TOUR PARENT APPROVAL FORM

Date 9-21-09

Dear Parents:

The 4th Graders from Columbus Elementary school will take an educational tour to the Nature Institute in Golfrey, IL on Tuesday, Oct. 13, 2009

Students will leave the school at 9:30 a.m. and will return at approximately 1:30 p.m.

The purpose of the tour is to culminate prior learning of the Forest Unit in our Science curriculum

To meet the actual expense of the tour, the cost per student will be 0 payable to the teacher prior to the tour. Transportation will be provided by school bus walking (circle one).

Lunch arrangements will be: students will need to bring sack lunch

Supervision of the students on the tour will be provided by teachers parents (circle one or both).

Please return this note to the teacher by Tues., Oct. 6, 2009 so that your child may join this educational tour.

Thank You!

The 4th Grade Team

While the school endorses well-planned tour activities as a valuable part of the extracurricular program and of classroom instruction, it can assume responsibility for the safety and welfare of students while they are off-campus only to the point of reasonable provision for their supervision by members of our staff.

Date _____

Parent/Guardian Signature _____

Name of Student _____

Yes, I would like to chaperone, but understand I will have to provide my own transportation.

* please fill in reverse side, also!

SCHOOL YEAR _____ GRADE _____ SCHOOL _____

**DAY EDUCATIONAL FIELD TRIP
MEDICAL AUTHORIZATION FORM**

Student's Name _____

EMERGENCY PHONE NUMBERS:

Day: Father _____ Mother _____ Friend _____
Evening/Night: Home _____ Other _____

MEDICATION INFORMATION:

1. Is student taking medication on a regular basis? Yes No

Name of medication _____

Dosage _____

Reason for medication _____

2. Is your child allergic to any medications? Yes No

If yes, which? _____

3. When was your child's last tetanus shot? Date _____

4. Are there any medical or physical problems of which we need be aware? _____

5. If given a preference, what hospital would you like your child taken for treatment in the event of a medical emergency? _____

In case of emergency and a parent cannot be reached by phone, I authorize any teacher/sponsor to obtain medical treatment for my son/daughter _____

(Child's Name)

Insurance Company _____

Name of Insured _____

Policy Number _____ Group Number _____

Name of Child's Physician _____ Phone Number _____

I understand that as the parent/guardian of the above-named student, I am responsible for medical expenses incurred. I certify that the above information is accurate and complete and is required for my child to participate in the field trip.

Date: _____

Parent's Signature _____

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