

Columbus School  
315 N. Kansas Street  
Edwardsville, IL 62025

## Education Tour Parent Approval Form

Date: 9/16/2009

Dear Parents:

The 3<sup>rd</sup> Grade classes (Mrs. Sinn, Ms. Varvil, and Ms. Raz) of Columbus Elementary School will take an educational tour to the **Edwardsville Children's Museum** on **Wednesday, September 30, 2009**. Students will leave the school at approximately **9:30 AM** and will return at approximately **12:00 PM**. The purpose of the tour is to learn how germs multiply and what can be done to stop their spread. Children will create their own simulated wound and discover the correct way to ensure that it stays germ free. To meet the actual expense of the tour, the cost per student will be \$5 and \$3 per parent chaperone, payable to the teacher prior to the tour (cash only, please). We will be eating sack lunches at the **Edwardsville City Park** before returning to school. Students may bring their lunch in a disposable bag, or purchase a sack lunch from the school's cafeteria. Supervision of the students on the tour will be provided by teachers and parents. Due to venue constraints, we request only **3 parents per classroom** to chaperone. Volunteer chaperones will be taken on a first come basis. We will **walk** to the museum, so students and parents are encouraged to wear comfortable walking shoes. Please return this note to the teacher by **September 23, 2009** so that your child may join this educational tour. **Thank you!**

I would like to chaperone this field trip.

Contact Number: \_\_\_\_\_

---

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

**PLEASE COMPLETE BOTH SIDES**

**Edwardsville Community Unit School District 7**

*Dr. Ed Hightower, Superintendent*

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 \_\_\_\_\_

708 St. Louis Street  
Edwardsville, IL 62025

[www.ecusd7.org](http://www.ecusd7.org)

618.656.1182