

EDUCATION TOUR PARENT APPROVAL FORM

Date Mon., Oct. 26, 2009

Dear Parents:

The ^{Mrs. Raz &} Mrs. Mickle's class from Columbus school will take an educational tour to the Cahokia Mounds in Collinsville on Wednes., Nov. 4, 200

Students will leave the school at 10:30 and will return at approximately 2:00.

The purpose of the tour is to learn about local history and the impact of American Native culture on our area.

To meet the actual expense of the tour, the cost per student will be \$3.00 payable to the teacher prior to the tour. Transportation will be provided by school bus walking (circle one).

Lunch arrangements will be: sack lunch & drink

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 Fri., Oct. 30, 2009 so that your child may join this educational tour.

Thank You!

Mrs. Mickle

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

I would like to be a parent volunteer.

Name & tele. #

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 _____