

Eckstein Middle School Field Trip Permission Form

You must **turn in this to your homeroom teacher** *by Friday 06/12/2009*.

Student's Name: _____ Date(s) of Absence: **06/19/2009**

Destination: **Lincoln Park/Coleman Pool**

Field Trip Supervisor: **Chris Cronas, AP/7th Grade House Administrator** Leave Time: **9:15** Return: **1:15**

Grade Check:

*Students, use the Source to enter your grades below. Then ask your teacher to initial at the bottom. This is your responsibility.

Period	1	2	3	4	5	6	7
Current Grade in Class:							
Missing work							
Homeroom Teacher Initials							

Description of Field Trip:

The end of year field trip for the 7th grade only is a celebration of the year. Students will have an opportunity to go swimming, play kickball, go for a hike on the beach or play a variety of other games. We will be providing lunch through a deli we have used in the past.

Costs, Lunch & Transportation:

Cost:

The cost for the field trip is \$10.00

*Please make checks payable to Eckstein Middle School

I am enclosing \$_____.

*If you are able to contribute more than the cost for your student, it would help accommodate students in need of a scholarship.

My child needs a scholarship (Please circle one): Yes No

Lunch:

Lunch will be provided

Transportation:

Students will travel to West Seattle (Lincoln Park) by:

Yellow School Bus

*Students, Parents/Guardians: permission forms must be submitted at least one week prior to the day of the field trip.

Behavior Expectations:

All rules and behavior expectations that apply at Eckstein apply to all aspects of the field trip I participate in. Any infractions will result in disciplinary action outlined by Seattle Public Schools progressive discipline policy.

Student Signature _____ Date _____

I want to be a Chaperone on this trip! (We can use as much as help as possible. Thanks!)

Name (Print) _____ Email _____

Telephone _____

Emergency/Medical Information

Medical/Health Provisions the Field Trip Supervisor should be aware of:

Special Medical/Health/Allergy Conditions: _____

Medications (if any): _____

Doctor's Name: _____ Phone Number: _____

In case of emergency:

In case of an emergency, I, (print name) _____ parent/guardian of (print name) _____ authorize and consent to emergency medical, surgical, hospital care, treatment and procedures deemed immediately necessary by a physician to safeguard my child's health if I cannot be contacted. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent form to be treated with the same authority as the original.

I have reviewed all of the above information. I have reviewed the list of expected activities and am aware of any special dangers and risks inherent in participating in this activity. I hereby give my permission for my child to participate in this activity. My signature reflects my knowledge of the details of the trip and its itinerary.

Parent/Guardian Name(s) (Print Name) _____

Signature of Parent/Guardian _____ **Date** _____

Parent/Guardian Phone #1 _____ **#2** _____

Name of Alternate Emergency Contact (Print Name) _____

Phone #1 _____ **#2** _____