



IMAGINE SCHOOL AT LAND O' LAKES

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Please return the field trip permission form and release document no later than September, 29 2017.

The cost for this field trip is \$15.00 .

****Uniform or spirit shirt and closed toed shoes.****

FIELD TRIP PERMISSION FORM

STUDENT NAME: _____

Dear Parent/Guardian:

A school sponsored trip is being planned by the Imagine School Land O Lakes under the direction of Mrs. Boorse
(Name of Organization) (Advisor/Chaperone)

to Lowry Park Zoo on Friday, October 6, 2017.

(Destination)

(Date)

DIRECTORY INFORMATION:

Mother/Guardian Name: _____ Home #: _____ Work #: _____

Father/Guardian Name: _____ Home #: _____ Work #: _____

Emergency: _____ Home #: _____ Work #: _____

Medical Condition which Advisor/Chaperone should be aware of:

TRIP ITINERARY:

Date: 10/6/17 **Departure Time:** 9:00am **Return Time:** 3:00 pm

Mode of Transportation: School Bus

Destination of Trip: 1101 W Sligh Ave, Tampa, FL 33604

LOSS OF PERSONALLY OWNED PROPERTY:

The student traveler shall be solely responsible for any and all damages for loss by theft or otherwise of personal property whether such property belongs to the student or to others.

STANDARDS OF CONDUCT:

The Imagine School at Land O'Lakes has adopted codes of conduct in accordance with Education law and appropriate federal and state legislation. Student travelers are expected to comply with all established Imagine School at Land O'Lakes and Pasco County School Districts regulations and policies, and with all laws, rules, orders, regulations and requirements of federal, state and municipal governments.

MEDICAL RELEASE – MEDICATION AUTHORIZATION:

I give permission for my son/daughter/ward, _____, to receive medical attention if necessary, at the nearest hospital or medical facility while on their field trip.

Allergies: _____

Other important health history: _____

My son/daughter/ward, _____, takes medication(s). YES NO

If Yes:

| What Medication(s) | Time Given | Dosage |
|--------------------|------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Medications need to be stored in an appropriate container, should be labeled with child's name and have directions for use. Medications include all prescribed and/or over the counter medications (i.e. for allergies, Tylenol, etc.)

LUNCH:

_____ I understand the cost of lunch is not included and my child will bring money to buy a lunch at the zoo. I have listed any food allergies in the section above.

SIGNATURE STATEMENT: I have read this permission form, including the statements relative to student Loss of Personally Owned Property, established Standards of Conduct, and Medical Release – Medical Authorization, and hereby grant permission for the participation of my Child _____, in the school sponsored trip as described herein. I give permission for the Teacher/Advisor/Chaperone to give my son /daughter/ward his/her medication, (if need is documented above).

Parent/Guardian Signature:

Date: