

IMAGINE SCHOOL AT LAND O' LAKES
2940 Sunlake Blvd, Land O' Lakes, FL 34638
Phone: (813) 428-7444 Fax: (813) 428-7445



1st Grade Field Study

Where: Horse Power

When: 10/12/17

Cost: \$16.00 (please pay online) (\$9.00 for chaperones, also pay online)

Forms and Money Due: 9/28/17

Dress: Spirit clothes (Spirit short and jean shorts or uniform bottoms) or uniform

Chaperones: If you would like to chaperone, please notify your Homeroom teacher for the Chaperone Guidelines form no later than 09/28/17. All chaperones must be approved Pasco County volunteers for the 2017/2018 school year. If you need to check your status please call the front office. Chaperone tickets are \$9.00. Chaperones may not follow the bus, this causes too much traffic congestion and is unsafe for busses. Please meet at Horse Power or car pool with one another.

FIELD STUDY PERMISSION FORM

STUDENT NAME: _____

Dear Parent/Guardian:

A school sponsored trip is being planned by the Imagine School at Land O'Lakes, under the direction of 1st Grade Team to Horse Power on 10/12/2017.

If you approve of your child's participation in this activity, please sign in the appropriate space at the end of this form. Please return this completed form to the sponsoring Teacher/Advisor/Chaperone, no later than 09/28/17.

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: 10/12/2017 Departure Time: 9:15 AM Return Time: 2:15PM Mode of Transportation: Imagine School Bus

Destination of Trip: Horse Power Address: 8005 Racetrack Rd., Tampa 33635

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:

Students have the option of either purchasing a bag lunch from school or bringing their own. If your child brings lunch from home, **please make sure it is completely disposable. No lunchboxes please. Please also make sure to label your child's lunch and disposable water bottle with their name. Thank you!**

My child will bring a lunch: _____ My child will need a lunch: _____

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: _____