



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

FIELD TRIP PERMISSION FORM

STUDENT NAME:

Dear Parent/Guardian:

A school sponsored trip is being planned by the Imagine School at Land O'Lakes,

(Name of Organization)

under the direction of Mrs. Slay, Ms. Henderson, Ms. Allgood, Ms. Smith,

(Advisor/Chaperone)

to Cracker Country

(Destination)

on October 3, 2017

(Date)

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 **September 13, 2017**

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: **October 3, 2017**

Departure Time: **9:00 a.m.**

Return Time: **2:40 p.m.**

Mode of Transportation: **School Bus**

Destination of Trip: **Cracker Country at the Florida State Fair Grounds 4800 US 301 Tampa, FL 33610**

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.

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

THERE AREN'T ANY CONCESSIONS OR FOOD VENDORS AVAILABLE, ALL LUNCHES MUST BE BROUGHT IN

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: _____