



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

Please return the field trip permission form and pay online at webiste:

www.schoolpay.com/link/7thgradeStraz no later than September 29th, 2017. The cost

for this field trip is \$13.75. Chaperone cost is \$7. (www.schoolpay.com/link/7thgradeChaperone)

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. Denson
(Name of Organization) (Advisor/Chaperone)
to Straz Center-How to Survive Middle School Presentation on November 1st 2017
(Destination) (Date)

DIRECTORY INFORMATION:

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

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

Emergency: _____ Home #: _____ Work /Cell#: _____

Medical Condition which Advisor/Chaperone should be aware of: _____

TRIP ITINERARY:

Date: 11/1/2016 Departure Time: 9:00am Return Time: 1:30pm

Mode of Transportation: School Bus

Destination of Trip: Straz Center-Ferguson Hall

Lunch

Please indicate if your child will be buying or bringing lunch.

_____ My child will bring their own lunch.

_____ My child will buy lunch

CHAPERONE INFORMATION

The cost for chaperones is \$7.00 You will need to be an approved volunteer and complete an additional chaperone form. If you would like to chaperone this trip please include your legal name below.

Legal Name _____ Cell Phone number _____

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 (students with allergies will sit in a separate area to avoid any contact allergies):

_____ __Other
important health history:

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

If Yes:

What Medication(s)	_____	Time Given	_____	Dosage	_____
	_____	Time Given	_____	Dosage	_____
	_____	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.)

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: _____