



IMAGINE SCHOOL AT LAND O' LAKES

This trip is for students of Imagine School Land O Lakes and approved Pasco County staff/volunteers. The chaperone cost is \$0. Chaperones need to provide their own transportation. All students must ride the bus.

I would like to chaperone ☐ Parent Name _____

****Spirit Shirt and jeans should be worn. No electronics please!**

FIELD TRIP PERMISSION FORM

STUDENT NAME: _____ STUDENT # _____

Dear Parent/Guardian:

A school sponsored trip is being planned by the Imagine School Land O Lakes
(Name of Organization)

under the direction of Nancy Foster
(Advisor/Chaperone)

to SHRINERS CHILDRENS HOSPITAL, USE, TAMPA, FL on FRIDAY, OCTOBER 13, 2017
(Destination) (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 and money to the sponsoring Teacher, no later than October 6, 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: FRIDAY, OCTOBER 13, 2017 Departure Time: 9:15 AM

Return Time: 3:00 PM Cost \$6.50 Pay online Mode of Transportation: Bus

Destination of Trip: SHRINERS CHILDREN HOSPITAL, USE, TAMPA, FL

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: Please check one.

☐ I will pack my child's lunch ☐ My child will need a school lunch

****We will have a picnic lunch outside. Please pack your child's lunch in a ziplock bag so it can be put in a cooler.**

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: _____