

# Cornerstone Charter Academy

Tuition Free Public Charter School - Belle Isle, FL



Field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as community service projects.

## SECTION I. IDENTIFYING INFORMATION

SCHOOL: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ ID #: \_\_\_\_\_ GRADE/HR: \_\_\_\_\_

## SECTION II. NOTIFICATION TO PARENTS

\_\_\_\_\_ is planning a field trip for \_\_\_\_\_ to \_\_\_\_\_  
(Teacher/Sponsor Name) (Group/Subject)

The purpose of the trip is \_\_\_\_\_

TRANSPORTATION: Private Vehicle \_\_\_\_\_ Bus \_\_\_\_\_ Airline \_\_\_\_\_ Other: \_\_\_\_\_

(Name of Carrier)

This trip will be very carefully chaperoned by: \_\_\_\_\_ Cost to each student \$ \_\_\_\_\_

(Teacher/Parent/Both-indicate how many)

I understand that if I am unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given opportunity to raise fund through authorized fund-raising activities, or be given assistance in identifying other fund source. (This provision does not apply to activities not directly related to classroom instruction, e.g. grad-night, football games, banquets.)

DEPARTURE: Date \_\_\_\_\_ Approximate Time \_\_\_\_\_ RETURN: Date: \_\_\_\_\_ Approximate Time \_\_\_\_\_

-The above time schedule and/or personnel may be changed due to unforeseen circumstances-

PLEASE KEEP TOP PORTION FOR YOUR INFORMATION

RETURN THE BOTTOM PORTION TO THE TEACHER

## SECTION III. PARENT/GUARDIAN'S WRITTEN PERMISSION TO PARTICIPAE IN ACTIVITY

I hereby give permission for my child \_\_\_\_\_ to participate in the field trip to \_\_\_\_\_  
(child's name)

DEPARTURE: Date \_\_\_\_\_ Approximate Time \_\_\_\_\_ RETURN: Date: \_\_\_\_\_ Approximate Time \_\_\_\_\_

and I have completed the EMERGENCY CONTACT INFORMATION in section IV (see below).

SIGNATURE OF PARENT/GURADIAN \_\_\_\_\_ DATE: \_\_\_\_\_

## SECTION IV. EMERGENCY CONTACT INFORMATION

- |   |   |
|---|---|
| 1. NAME OF PARENT/GUARDIAN: _____   | 2. PARENT/GUARDIAN PHONE NO(S). _____                       |
| 3. In case parent/guardian cannot be reached please contact: _____<br>Relationship _____ phone # _____                | Residence: _____<br>Business: _____                         |
| 4. Physician's Name : _____ phone # _____   | cellular: _____   |
| 5. Only if applicable, complete the following:<br>a. My child has the following medical problem: _____                | Please list any insurance policy covering your child: _____ |
| b. My child takes the following medications regularly: _____<br>(Proper Medical form #2702E is on file at the school) | Policy # _____  |
| c. My child has the following allergies: _____  |   |

I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ON THE TRIP

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_