

# Dysart Unified School District #89

## Canyon Ridge School

### Field Trip Permission Form

Date: November 3<sup>rd</sup>, 2011

Parents/Guardians:

Our 5<sup>th</sup> Grade field trip is coming up soon! We anticipate this to be a fun and educational experience for our students. Please take a moment to review the details of our trip and provide your consent below:

Date: **January 12 & 13, 2012**

Destination: **Lake Pleasant Outdoor Education Center**

Departure Time: **Thursday 9:00 am**

Anticipated Return Time: **Friday 1:30 pm**

Purpose of this trip: **To explore the desert and its inhabitants.**

Eating arrangements: **Bring sack lunch for day 1, pizza dinner and breakfast provided during our stay at the Outdoor Center. No Soda Please!! School lunch may be purchased at school upon return to Canyon Ridge on January 13<sup>th</sup>.**

Transportation will be provided by: **Dysart Unified School District buses**

Sincerely,

Mrs. Whalen  
Mrs. Lump  
Mrs. Saltarelli  
Mrs. Bennett  
Mrs. Brewer

**Donations: Please be specific on what you can donate and how much of each.**

-Juice - 28 cases

-Water - 5 cases

-Snacks - 200 individually wrapped

-Paper Products - napkins, paper plates, and plastic knives

I can donate \_\_\_\_\_ and quantity \_\_\_\_\_

I give my consent to have \_\_\_\_\_ attend the field trip outlined above.

I realize that the District's liability insurance only covers injury if negligence is proven against the school district and that in other circumstances, the student's insurance would provide coverage.

#### MEDICAL RELEASE

In case of accident or serious illness, I request the school trip sponsor to contact me. If I cannot be reached, I hereby authorize the school trip sponsor to call the doctor indicated below and follow his/her instructions. If it is impossible to contact this doctor, the school trip sponsor may make whatever arrangements seem necessary.

I have legal custody of my child and grant permission for any emergency treatment or hospital services that may be rendered to said minor under the general or specific direction of Dr. \_\_\_\_\_, Phone \_\_\_\_\_ or any hospital emergency department physician.

Parent/Legal Guardian Name (Please Print): \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_