

California Montessori Project  
Field Trip Permission/Emergency Information

Due with Specified Payment by January 11, 2012

**Payment:**  
Cash: \$ \_\_\_\_\_  
Check: # \_\_\_\_\_  
Verified: \_\_\_\_\_  
Coordinator's initials

Classroom: All 3<sup>rd</sup> Graders In House Field Trip Presentation: Discovery Museum (in-house presentation)

Date: January 26, 2012 Start Time: N/A End Time: N/A Lunch: \_\_\_ (Please pack a disposable lunch  
and a water bottle)

Check one: Siblings not permitted:  Siblings permitted (fill out Release of Liability form): \_\_\_\_\_  
(Reminder: Siblings enrolled in CMP are expected to be in attendance in their own classrooms)

Cost per Student: \$3.00

Cost per adult: \$N/A

*\*CMP Policy provides that no student shall be excluded from a field trip for financial reasons. If this cost presents a financial hardship, please speak with your child's teacher or principal regarding arrangements for scholarship assistance.*

**This is an in house presentation. No volunteers are needed.**

**Student Information:** My child, \_\_\_\_\_, has my permission to participate in in-house presentation.

**Parent Information:** Parent/Guardian Name(s): \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**AUTHORIZATION TO TREAT MINOR:** In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff or designated parent supervisor to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

Parent Signature: \_\_\_\_\_

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