

California Montessori Project  
Field Trip Permission/Emergency Information

Due with Specified Payment by February 14, 2012

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

Classroom: Grizzly Bear Field Trip Destination: American River Walking Trip

Date: March 14, 2012 Departure Time: 9:30am Return Time: 12:00pm 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: **Free**

Cost per adult: **Free**

*\*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 a walking field trip.**

**Student Information:** My child, \_\_\_\_\_, has my permission to participate in the field trip listed above. and to be transported by a CMP parent volunteer.

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

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

\_\_\_\_\_ **Yes, I will participate in the field trip.** (I have successfully completed my Live Scan and TB testing).

\_\_\_\_\_ **I am unable to participate in this trip.** \_\_\_\_\_ **My child needs a sack lunch (through SCUSD lunch program)**

**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: \_\_\_\_\_

**Important Notice:** California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the school, district, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion (Education Code Section 35330).

**EMERGENCY INFORMATION: MUST BE COMPLETED to accompany your child's chaperone/driver**

Print Name(s) of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Pagers, Cell Phones: \_\_\_\_\_

Additional Emergency Contact Person/Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Additional Emergency Contact Person/Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Physician/Health Insurance Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Critical Medical Needs/Allergies/Conditions: \_\_\_\_\_