California Montessori Project
Field Trip Permission/Emergency Information

Payment:
Cash: $_____
Check: #_____

Verified: _____
Coordinator's initials

Due with Specified Payment by 10/19/11

Classroom: Birch Field Trip Destination: Three Stages in Folsom

Date: 11/3/11 Departure Time: 9:15 Return Time: 1:00 Lunch: Ø (Please pack a disposable lunch and a water bottle)

Check one: Siblings not permitted: ✓ Siblings permitted (fill out Release of Liability form): no

(Reminder: Siblings enrolled in CMP are expected to be in attendance in their own classrooms)

Cost per Student: $ 8 Cost per adult: $ 8

**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.*

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

____My child requires a car booster seat! (required for child under 60 lbs. &/or 6 years old). Parents to leave seat with teacher.

Parent Information: Parent/Guardian Name(s):_____

Home #:_____ Work #:_____ Cell #: _____

_____ **Yes, I will participate in the field trip, and can accompany my child, plus ____ children** in my car with seat belts. (I have successfully completed my Live Scan and TB testing and have turned into the school office my driving report and insurance information).

_____ **I am unable to participate in this trip.**

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: _____

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