



Scottsdale Unified School District

Parent or Guardian permission for School Trip

Fee Over \$15.00

Student Name and I.D. #: _____

School: Coronado

Sponsor will file a copy of this permission form with the Principal's office at least 1 day before trip.

This permission form has been signed only after understanding and considering the following:

1. TRIP INFORMATION:

- a. Class that has arranged the trip: Orchestra & Choir
- b. Date of the trip: April 5 - 7, 2013
- c. Location/destination of the trip: Anaheim, CA
- d. Time leaving school: 8:30 (A.M.) _____ (P.M.)
- e. Time returning: _____ (A.M.) 10:00 (P.M.)
- f. Trip Supervisor(s): Sammy Brown
- g. Means of transportation: Motorcoach bus
- h. Fee: \$ _____ (See below*)

2. EXPECTATIONS AND INSTRUCTIONS: I understand that the student is expected and the student has been instructed by me:

- a. To follow instructions given by the Trip Supervisor(s).
- b. Not leave or separate from the group without appropriate authorization from the Trip Supervisor(s).
- c. To follow all school rules during the trip and obey all laws and ordinances.
- d. To conform to usual and customary standards of good citizenship, good decorum, and common courtesy.
- e. Other expectations/instructions: Outlined in trip packet & SUSD code of Conduct.

In the event that any of the above expectations or instructions are violated, the student's participation may be immediately terminated, a parent or guardian called to retrieve the student, and disciplinary action imposed.

3. ACCOMMODATIONS: If the student is disabled or requires special accommodations, those accommodations are attached.

4. PERTINENT MEDICAL INFORMATION: Please advise of any medical condition the teacher may need to be aware of, i.e. allergies, medications, etc.:

Please list the names of two parents and/or guardians that may be contacted.

Parent/Guardian #1 - Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Parent/Guardian #2 - Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

5. CONSENT FOR EMERGENCY MEDICAL TREATMENT: If any emergency procedures or treatment are required during the trip, I consent to the Trip Supervisor(s) taking, arranging for, and consenting to the procedures or treatment in the Supervisor's discretion.

Parent/Guardian's Signature: _____ Date: _____

Student Medications:

If your child has a condition for which they are required to take medications, please list them below, along with the instructions for medicating your child. Prescription medication must be in the container with the original label issued from the pharmacy.

MEDICINES WILL NOT BE ALLOWED IN THE POSSESSION OF YOUR CHILD. Our chaperones will have possession of medications and give them out as per your instructions below:

Medication #1 _____ Taken: _____
 Medication #2 _____ Taken: _____
 Medication #3 _____ Taken: _____
 Medication #4 _____ Taken: _____
 Other: _____

PARENT PERMISSION

I have read all information in this packet. I understand the consequences and agree with the policies stated & policies found in Coronado and SUSD code of conduct:

Signed, _____ Print name: _____
Student Name (print) _____