Permission is required for your student to attend a field trip or participate in an activity. To give permission to your student, complete the information in section two below. The activity or field trip fee (if applicable) is **Not Refundable** after the due date. Permission Form and Payment **MUST** be turned in **TOGETHER.** Participation in activities and field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and serve in community service clubs.

**SECTION I: TRIP INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | June 1, 2022 | | **TIME:** | All day – early release | | |
| **TRIP DESTINATION** | Somerset College Preparatory Academy | | | | | |
| **SPECIFIC ACTIVITY** | Field Day | | | | | |
| **SCHOOL CONTACT** | Ashley Butler | | **CONTACT NUMBER** | | | 772-343-7028 |
| **COST** | $7.00 | **DUE DATE** | | | May 27, 2022 | |
| **TRANSPORTATION** | N/A | | | | | |
| **DESCRIPTION** | Field day activities (includes unlimited inflatable and game play, 2 slices of pizza, and 1 kona ice; DOES NOT include throws at the dunk tank) | | | | | |

**SECTION II: STUDENT INFO & PARENT/LEGAL GUARDIAN APPROVAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STUDENT** |  | | **HOME NUMBER** | |  |
| **PARENT/GUARDIAN** |  | | | | |
| **CELL PHONE NUMBER** |  | **EMAIL** | |  | |
| **OTHER STUDENT INFORMATION**  **(allergies, medications, etc., be specific)** |  | | | | |

I give permission for my student to participate in this field trip/school activity. I and my student agree to abide by all rules and safety precautions relating to this field trip/activity. I understand that this field trip/ activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel, or those associated with the facilities or property where the field trip will occur, whether the dangers are open and obvious or concealed. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip/activity, that any questions have been answered to my satisfaction and my student is participating in these activities of his/her own free choice. I further agree to accept responsibility for any negligent, willful, or intentional act of my student, and as a result, will indemnify and hold harmless the school for all costs, damages and attorney fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the student. I authorize emergency medical treatment for my student in the event of accident or illness during this field trip/activity.

Signature of Parent/Guardian Date

Signature of Student