



Academie Da Vinci
CHARTER SCHOOL FOR
THE ARTS AND TECHNOLOGY

Field Trip Permission Form

I hereby grant permission for _____ to participate in the field trip/activity to _____ on _____ and to make authorized or emergency stops as necessary.

Student Name

We plan on leaving school at _____ and will return around _____. The cost for this trip is \$_____, please make your checks payable to Academie da Vinci. Students will be traveling in the following manner for this trip:

- Walking
- School Bus
- Private Passenger Vehicle
- Rental Vehicle
- Commercial Transportation Carrier
- Other:

- 1) I authorize Academie da Vinci representatives to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment.
- 2) I understand that the trained school employee who usually dispenses medications may or may not be present during this trip. Medications will be dispensed by a responsible staff member.
- 3) I have documented below all precautions / instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child:

- 4) All provisions of the student code of conduct and Academie da Vinci Policies and Procedures apply to field trips and activities sponsored by the school. To ensure students safety and compliance with the student code, I agree that my belongings may be randomly searched for contraband.

My student WILL be attending:

Signature of Parent/Guardian Phone (home) Phone (Work/Day time) Date

Alternate Emergency Contact Phone Phone (Work/Day time)

My student will NOT be attending. _____

I would like to volunteer: ____ Yes or ____ No
***Volunteers Must be LEVEL 2 Background Approved**

Name _____ Ph# _____