

SECONDARY AUTHORIZATION FOR PARTICIPATION IN FIELD TRIP

Part I: To be completed by sponsoring teacher/organization/activity

Oswego East _____ (school) will sponsor a field trip.

Date: 05/11/2019

Sponsor: Senior Class (Mr. Szymanski)

Destination: Six Flags Great America (Gurnee, IL)

Return Time: 5:30 AM

Charges to be paid by the student: \$55

YES NO

A Nurse will be needed and has been approved by health services. (Allow 2-week notice prior to trip to ensure nurse availability)

Transportation: Please indicate with an 'X' next to the appropriate transportation option

- District 308 will provide bus transportation to and from the event location.
- District 308 will not provide bus transportation. Parent/guardian will provide transportation to and from the event location.
- Student has completed a "Permission to Drive Self" form and is allowed to drive **only** himself/herself to and from the event location.
- This trip involves flying and the student/parent will provide transportation to and from the designated airport.
- Student will walk to and from the field trip location.

Part II: To be signed by the student

I wish to participate in the outing described above. If I am permitted to go, I promise to observe the applicable school rules and the directions of those in charge.

Date: _____ Student Signature: _____

Part III: To be completed and signed by the student's parent/guardian(s)

The undersigned grants permission to the designated representative of _____ (school) to authorize that any emergency medical treatment considered necessary by qualified medical personnel for the student whose name appears below. This authorization is for school days and at school sponsored events while the student is in attendance at _____ (school). It is understood that every effort will be made to contact the parents/guardians immediately when an emergency occurs.

Student Name: _____

Student Home Address: _____

Parent/Guardian Home Phone Number: _____

Student Allergies? _____

Student Current Medications? _____

Relative/Friend Emergency Contact: _____

Emergency Contact Phone Number: _____

(Print Student's Name) is hereby given my permission to participate in the outing described above. I authorize a change to this outing, or even the cancellation of it, if such change or cancellation appears necessary or desirable in the judgment of an appropriate official of the school, provided such change or cancellation does not materially increase the expenses of the student or his/her parents or guardians set forth above, and provided also that any changes do not notably affect the character of the outing.

I have read and understand all three parts of this form,

Parent/Guardian Signature

Date

If you have questions or concerns about the trip, please contact the field trip sponsor.