**Principal: Yvette Marshall Address: 343 Bus 141 N**

**Phone: (920) 897-2525 FAX: (920) 897-2015 Coleman, WI 54112**

**FIELD TRIP INFORMATION FORM**

Your child is planning to participate in a school field trip. Please carefully read and complete the following information.

**Destination: Gillett HS Expense: 0**

**Departure Time: 12:30pm Return Time: 7:00pm DATE: 4/25/17 Grades: 6, 7, 8**

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| 1. Purpose for this field trip: Students will participate in the District Large Group Concert Festival at Gillett High School.2. Benefits to be derived from this experience: Performing challenging music in a large group setting; receiving feedback from clinicians on ensemble performance; listening to other groups from other schools perform. |
| **PARENT/GUARDIAN INFORMATION**My child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DOB)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to participate in this trip.Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In case of an emergency (only if parents cannot be reached) call:Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CHILD’S HEALTH INFORMATION**For the safety of your son or daughter, please indicate any health conditions, restrictions or special precautions that should be taken. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is it necessary for your child to take any medication (prescribed or over-the counter)? YES NOName of Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time to be taken\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If it is necessary for your child to take any medicines, please send the medicine in the original container, clearly labeled with your child’s name. If school staff will need to assist with medication administration, all medicine must be accompanied with written directions and consent from the parent (this is a state law). The required medication forms can be obtained from the school office.Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***If I am unable to be contacted in the event of a medical emergency, I hereby authorize administration of anesthesia, treatment, and/or surgical treatment(s) for my child.*** YES NO |

***Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**PLEASE NOTE:**

**1. It is understood that your child is subject to the guidance and instructions of the teachers and chaperones assigned to supervise this trip.**

**2. Parents who do not wish their child to participate in the planned activity should write a letter to the principal requesting an excuse. The child is expected to be in school even if he/she is not going on the planned trip.**

**3. If there is any financial concern related to this trip, please call the school at *(phone number).***

*The Coleman School District does not discriminate against pupils on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability or handicap in its education programs or activities. Federal law prohibits discrimination in employment on the basis of age, race, color, national origin, sex, religion or handicap.*