

LACROSSE SCHOOL DISTRICT FIELD TRIP & ACTIVITY PERMISSION

My son/daughter _____ has my permission to take part in the school field trip or off-site school activities listed below. The children will be gone from school site to participate in the field trip or school activity experience described below.

Trip/Activity Information

Homecoming Week Activities

Date(s): 10/4/17-10/7/17

Specific trip or activity details, if any:

10/4: St. John Field Night LT 6:00PM/ RT 8:30PM

10/6: St. John Homecoming Assembly LT 12:15PM/ RT 2:00PM

10/6: Transportation to Homecoming Football Game in St. John LT 5:30PM

10/6: Transportation from Homecoming Football Game in St. John RT 10:00PM or TBD

10/6: Lock In/All Nighter in St. John (after football game)

10/7: Transportation from All Nighter RT 5:30AM

*LT= Leave time RT= Return time

Student expenses, if any: _____

Things to bring along on the trip/activity: _____

Student/Family Health and Insurance information:

My child has the following allergies or other health problems: () none - If any, please give details:

My child is taking the following medications: () none - If any, please list:

Personal family doctor name and phone: Doctor _____ Phone _____

Family medical insurance coverage: Carrier or type of insurance _____
Policy # _____

All school field trips and educational activity experiences require students to follow school rules, specific written activity rules and basic school standards of conduct while participating. Consequences for misbehavior or for not following school rules will follow school disciplinary processes.

In the event of illness or accident, I authorize school-designated chaperones responsible for this trip to approve emergency medical care from an authorized hospital, medical facility or medical professional.

Emergency contact person and phone number: _____ Phone _____

Date

Signature of parent or guardian