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| **Howard County Schools** |

**PERMISSION SLIP FOR FIELD TRIP**

**017 Guilford Elementary School**

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| Destination: | 017 Guilford Elementary School | | Teacher Name: | | Erin Fowler |
| Departure: | 05/24/2018 & 6/7/2018 09:30:00 AM | | Return: | 05/24/2018 & 6/7/2018 12:00:00 PM | |
| Mode of Transportation: | | N/A | | | |
| Additional Information: | | In-house field trip Days of Taste | | | |

Admission Cost: $ \_\_\_0\_\_\_\_\_\_\_\_\_ Miscellaneous Cost $ \_\_\_\_\_\_\_\_\_ Total Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please fill in the bottom portion and return to school with any payment indicated above*

Objective of trip: To learn how to make healthy food choices  
  
Class/Group: Grade 4 students   
  
Bus Company: N/A  
  
Checks payable to: N/A  
  
Due Date: May 17, 2018  
  
Meal Arrangements: Normal lunch at GES   
  
Appropriate Attire: School Attire  
  
Total # of Students:71  
  
Anticipated Ratio of Chaperones to Students: 1:8  
  
There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact Teacher-In-Charge as soon as possible if you have any special needs regarding the trip.

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| Name of Student: *(Please Print)* |  | | DOB: | |
| Name of Parent/Guardian: *(Please Print)* |  | | | |
| Parent/Guardian Physical Address: |  | | | |
| Parent/Guardian contact numbers: (home): | (h): | (w): | | (cell): |
| Alternative emergency contact name: |  | Relationship to child: | | |
| Alternate emergency contact phone #’s: | (h): | (w): | | (cell): |

Health Insurance Information (including company and policy/group information): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information and Release**

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| Dear Parents:  The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge.  If you can chaperone, please check the box at the bottom and provide contact information.  Please complete the bottom portion of this form, detach and return with cash or check to the Teacher-In-Charge. Howard County Public School System (HCPSS) is now offering Online Payment for School Activities (OSP). Please visit the OSP website: https://osp.osmsinc.com/howardmd to pay for student school fees by debit or credit card.   The HCPSS Finance Office has contracted with the Envision Payment Solutions, Inc. for the electronic collection of check payments. If the check is returned unpaid, Envision Payment Solutions, Inc. will assess a $35 fee allowed by Maryland state law and charged as an electronic fund transfer. |
| THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS. |
| This trip will be: \_X\_\_ Student Day \_\_\_ Extended Day \_\_\_ Overnight \_\_\_ Non School Day If the trip returns after the regular school day, the parent will pick up the student at the school within 15 minutes of return.  Alternate plans in case of postponement of cancellation:  None |
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| I grant permission for (print student name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to go to (destination) Days of Taste at GES on (date) 5/24/18 & 6/7/18. I recognize that the Howard County Public School System cannot be held responsible for conditions beyond their control.   Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_ I am available to chaperone and accept the duties and responsibilities of the position.  Chaperone Name: Chaperone Signature:   Chaperone Phone Number: Chaperone Email: |

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Parent/Guardian Name (Print)

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Parent/Guardian Signature Date