

FIELD TRIP PERMISSION SLIP

Kinnikinnick CCSD No.131

CherryVale Mall Holiday Performance

STUDENT NAME	
GRADE	
TEACHER	<i>Boelte</i>
FIELD TRIP LOCATION	<i>CherryVale Mall</i>
DATE(S)	<i>Thursday, December 16, 2021</i>
DEPARTURE TIME	<i>9:30 am</i>
RETURN TIME	<i>1:30 pm</i>
MODE OF TRANSPORTATION	<i>Bus (2)</i>
COST - <i>Please remit with this form.</i>	<i>None</i>

PARENT/GUARDIAN APPROVAL

1. By signing this form, you are providing consent for your child to participate in the field trip.
2. In a medical emergency, your child will be taken by ambulance to the closest hospital or trauma center. All medical fees are the parent's responsibility.
3. Your permission is requested for the teacher or principal to sign any medical forms which are needed. This will assure that treatment of any injury/illness can begin as soon as possible. Please sign this form, thereby granting your permission for school personnel to act on your behalf in the case of a medical emergency. Every effort will be made to contact parents prior to exercising the authority granted in this form.

PARENT SIGNATURE	
DATE	
HOME PHONE	
CELL PHONE	

Please list any health concerns and/or medications that need distributing:

***PAYMENT FOR ALL FIELD TRIPS CAN BE MADE AT [K12paymentcenter.com](https://www.k12paymentcenter.com)
BE SURE TO INCLUDE TEACHER'S NAME AND FULL STUDENT NAME WHEN
PAYING ONLINE***