

**PARENT PERMISSION FIELD TRIP FORM (overnight trip)**

 **Part A – Please retain for your information**

**Grade**: 5 **Teachers**: Casey Blaschke, Deborah Bradshaw, Andrew Shuttleworth

**Date**(s) of Trip: Sept. 22-23, 2016 **Departure Time**: N/A **Arrival Time**: N/A

**Destination**: Overnight at ISU.

**Educational Purpose of Trip:** Refugee Day aims to provide students with an experience to make connections between understandings and the reality of the life of a refugee/migrant. Additionally, students will have the opportunity to establish relationships and build stronger bonds with their classmates through a shared experience. We will be walking to a local well on Thursday from 11.15-12.15

**Students should bring**: Water\_\_\_\_X\_\_\_\_ Snack\_\_\_X\_\_\_\_ Lunch \_\_\_X\_\_\_\_\_ Other

**Materials Needed**: See Packing List Attachment Additional **Costs:** NONE

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**Part B – Please complete and return to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_**

**Date & Destination of Field Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother Mob: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Mob: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of emergency** if you cannot be located at any of the above numbers, please write the name and telephone number of a relative or friend:-**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Does your child suffer from any allergies? Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any major medical problem? Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require any special medication? Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any dietary restrictions? Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Read Carefully**

I fully understand that a field trip experience off campus involves activities where the risk of injury is greater than at school. I understand that the school provides adequate supervision; I will discuss with my child the importance of proper behavior and complete cooperation with instructions. It is agreed that a student who does not behave in accordance with the guidance set out by the supervising teachers will be sent home. It is also understood that the general rules for discipline in the ISU student discipline policy apply and that a student may be sent home for absence from sleeping quarters after curfew and for any other applicable reason. A disciplinary or emergency return trip will be at parental expense and will include forfeiture of remaining trip monies. Any willful damage to facilities by my child will be my responsibility, and I will make full restitution to the parties involved. If my child is taking any special medication, I give my child the authorization to take his or her own medication.

I hereby grant my permission for my child to participate in this field trip. I understand The International School of Uganda is not liable for any injuries, accidents or sickness.

Parent/Guardian Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_