

**Field Trip Permission & Waiver Form**

**School:** Mountainside Elementary School **Location:** Mountainside Elementary School and Skate City

**Date:** September 7, 2011 **Time:** 2:25 PM **Return Time:** 6:30 PM

**Cost:** $1.00 **All fees are due to the office no later than:** September 1, 2011 ***(cash only, no checks)***

**Special Notes/Requirements:** *Parents must be attending the Curriculum Night for students to be allowed to attend the Skate City party.*

*Return bottom portion to school office with all required fees*

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**Permission & Waiver Form**

My student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has permission to attend the Mountainside Elementary Field Trip to Skate City with transportation provided by Skate City. I hereby assume all of the risks of his/her participating in this activity. I acknowledge that this activity may involve physical exertion and I hereby consent to have my child receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness.

**Before the Skate City departure my child will be:**

❑ staying at school to watch a movie

 ❑ returning to the school at 3:15 to load the bus

Schedule for 2nd – 5th graders

2:25-3:15—kids that need or want to stay after school can watch a movie waiting to load the Skate City bus

3:15-3:30 Load Skate City Buses—leaves at 3:30 **SHARP**

4- 6 Skating party at SKATE CITY!!

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important Medical information (e.g. Allergies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated: 8/31/2011