



Fountain • Fort Carson  
SCHOOL DISTRICT EIGHT

## FIELD TRIP PERMISSION & WAIVER FORM

School: Mountainside Elementary School Teacher: \_\_\_\_\_

Location: \_\_\_\_\_

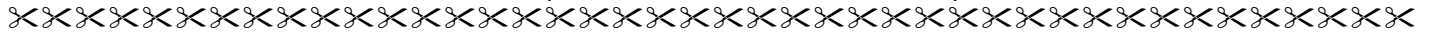
Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Cost: \_\_\_\_\_ All fees are due to the teacher no later than: \_\_\_\_\_ (CASH ONLY, NO CHECKS)

Lunch plans: \_\_\_\_\_

Special Notes/Requirements: \_\_\_\_\_

*Return bottom portion to student's teacher with all required fees*



### Permission & Waiver Form

My student, \_\_\_\_\_, has permission to attend the Mountainside Elementary Field Trip to \_\_\_\_\_. 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.

◆ **NO LUNCH IS REQUIRED.**

◆ **LUNCH IS REQUIRED. Please check the appropriate box below.**

- My child will require a school sack lunch.
- My child will bring a sack lunch from home.

After school my child will be:  walking home  
 picked up  
 riding daycare bus (If activity runs later than 3:35 pm parent pick-up is required!!)

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

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

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

### Emergency Contact Information

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

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