

## **Third Grade Walking Tour Permission Slip**

On Monday, October 15<sup>th</sup>, Mr. Stewart, Mr. Jenkins, Mrs. Shank, and Mrs. Buswell will be participating in a walking tour of Elizabethtown. We will be out of the District from 9:00 to 2:30. Transportation to the location will be by bus. In order for your child to participate on the field trip you will need to complete the attached form and send it back by **Thursday, October 11<sup>th</sup>**.

Thank you,

Third Grade Teachers

# Elizabethtown Area School District Student Permission For Field Trip

I give consent for my child \_\_\_\_\_ to participate in  
(Print Name)  
the field trip described on the cover page.  
Phone #'s where parent/ guardian can be reached on the trip date: \_\_\_\_\_

Additional Contact in the event that parent/guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_ Phone # \_\_\_\_\_

In the event that I cannot be contacted, I give permission for my student to have emergency medical treatment.

\_\_\_\_\_  
Parent/ Guardian Name (Print) (Signature) (Date)

Please complete the following medical/emergency information for your child:

Allergies: \_\_\_\_\_

My child has the following Health Needs/ Current Medical Problems:

\_\_\_\_\_  
\_\_\_\_\_

List equipment needs: \_\_\_\_\_

Please have chaperones assist my child in the administration of the following medication during the field trip.

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

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If there are special medical considerations for you child, would you be willing to chaperone for this trip? \_\_\_\_ yes \_\_\_\_ no (If yes, wait to hear from the teacher before making your arrangements.)

If yes, \_\_\_\_\_  
Parent/ Guardian Name/s Phone Number

## Walking Tour Lunch

When we are on the walking tour your child will be having lunch at the Elizabethtown Park. Your child will need a bagged lunch with a drink (no glass bottles). You have an option of ordering a bagged lunch from the school. **If you would like to order a bagged lunch just complete the form below and return it by Wednesday, October 3rd.**

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Name \_\_\_\_\_

\_\_\_\_ Yes, please order my child a bagged lunch.

# Chaperones for The Walking Trip

My class will be going on our Walking Tour of Elizabethtown on October 15<sup>th</sup>. I am allowed to take two chaperones with me. We will leave at 9:00 and will be back to school by 2:30. In order to be a chaperone, you must have your clearances and your paperwork on file with the district. Please contact the office to make sure you are still on the volunteer list. If you are interested in volunteering please fill this slip out below and return it to me by **Monday, September 24<sup>th</sup>**. I will do a lottery for the chaperones and will notify everyone by **Tuesday, September 25<sup>th</sup>**.

Thank you,  
Mrs. Buswell

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Parent Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Email \_\_\_\_\_