



## Field Trip Permission Slip

School Year 21-22 Today's Date \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to do the following:  
Student Name

**INITIAL:** (Please initial ALL of the following to insure that your child will be able to attend all field trips this year)

\_\_\_\_\_ Attend all field trips throughout the current school year under the supervision of a teacher and volunteers who have been approved by Mountain Song Community School. **I will receive an email from the teacher with detailed information of each event.** If I DO NOT want my student to attend a particular event, I must notify the front office and the teacher before the day of departure.

\_\_\_\_\_ Participate in walking field trips.

\_\_\_\_\_ Be transported by a Volunteer Driver or Bus to the proposed field trips.

**IN ADDITION:**

\_\_\_\_\_ I understand that overnight field trips will require an additional permission slip that will be sent home at that time.

\_\_\_\_\_ I agree to notify the front office of any new medical diagnosis or change in medication that my child is given.

\_\_\_\_\_ I am aware of the CO Booster Law: Children ages 4-8 must use either a car seat or booster. If my child is between these ages, I will provide a car seat or booster for the driver. This releases Mountain Song Community School from any duty or liability with respect to the transportation of my son/daughter to and/or from the field trips taking place during the school year.

\_\_\_\_\_ As the Parent/Guardian of the above named student, I agree to read each field trip itinerary and understand that there are risks of physical injury associated with participation in these activities. I authorize qualified emergency medical professionals to examine and, in the event of a serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any treatment. I accept full financial responsibility for transport and medical services because of an accident, illness, injury, and/or unforeseen circumstances.

Parent/Guardian:

\_\_\_\_\_

Print Signature Date