

## FIELD TRIP REQUEST FORM

Date of Request: March 27, 2017 Teacher: Kelly Taylor School: MZ

Course Title, Grade Level, and/or Club: Manzanita's Fifth Grade

Purpose of Trip: Students will tour the Flandrau Planetarium, including the Puzzles, Proofs and Patterns and the Mineral Exhibits, and a planetarium show.

Projected Number of Participants: 85 students 4 staff

Date of Trip: May 4, 2017

Times of Trip: 10:30 am – 2:00 pm

Destination: Flandrau Planetarium, U of A

Transportation will be provided via: X Bus Contractor      School District Vehicle

Cost to students for this trip: \$0

Other sources of funding for the trip (specify amount)

1. What will the students learn and be able to do as a result of this trip? Students will practice hands-on math tasks in the Puzzles section, investigate different rocks and minerals in the Mineral Museum's scavenger hunt, and see a planetarium show about how elements are forged in stars.
2. What makes this an essential experience for students? Hands-on science and math activities.
3. How will students demonstrate proficiency in the learning? Students will fully participate in all activities.
4. What specific alternative/assignments do you propose for a student whose parent does not give permission for the trip? 4<sup>th</sup> grade classroom

Teacher/Sponsor Signature Kelly A Taylor

Administrator Signature Kim Bragg denied      approved ✓ Date 3/28/17

Governing Board approval of: trip      fee      Date      ☒ Board approval not required

### Parent Response:

- ☐ I give my permission for my student to attend the trip described above.  
☐ I do not give my permission for my student to attend the trip described above.  
☐ I wish to discuss the trip before deciding for my student. Please call me at                                     .

★                                      Student Name (please print)

★                                      Parent Signature

\*Whenever appropriate, a fee reduction or waiver shall be provided in cases of need or economic hardship.



## MEDICAL CONSENT AND RELEASE FORM

Student's Name \_\_\_\_\_

In the event of illness or injury, I agree to any emergency treatment deemed necessary by the medical personnel designated by the school authorities. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

*must  
sign*

*★* Signature \_\_\_\_\_  
(parent or guardian)

### IF WE NEED TO CONTACT YOU:

Name of Father: \_\_\_\_\_ Name of Mother: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name and phone number of friend or relative who could locate you in an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's doctor \_\_\_\_\_ Phone \_\_\_\_\_

The student named above has medical insurance. Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

### MEDICAL INFORMATION:

YES NO IF YES, EXPLAIN

Allergies \_\_\_\_\_

Asthma \_\_\_\_\_

Daily Medication \_\_\_\_\_

Continued on reverse →

**MEDICATION CONSENT:**

I hereby request and give my consent for school personnel to administer to \_\_\_\_\_

\_\_\_\_\_ the following medication.

Name of Medication \_\_\_\_\_

Name of Medication \_\_\_\_\_

Prescribed by: \_\_\_\_\_

Prescribed by: \_\_\_\_\_

Amount to be taken: \_\_\_\_\_

Amount to be taken: \_\_\_\_\_

Time of day to be taken: \_\_\_\_\_

Time of day to be taken: \_\_\_\_\_

I understand that all prescription medication is to be furnished by me in the original container with the original label.

**Must Sign**



Signature \_\_\_\_\_  
(parent or guardian)

The front of this form is to be completed by parents/guardians for all students attending field trips occurring during the school day. Health offices will provide needed student medication from the health office supplies for these trips.

Both the front and back of this form need to be completed for overnight stays. Parents will provide needed student medication from home for overnight trips.

Notarization of this form (below) is required only for out of state and international trips.

**NOTARIZATION REQUIRED FOR OUT OF STATE AND INTERNATIONAL TRIPS.**

Sworn and subscribed to before me, \_\_\_\_\_, of the County of \_\_\_\_\_,

State of Arizona, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary  
My commission expires \_\_\_\_\_