

Chandler Unified School District No. 80
1525 West Frye Road, Chandler, AZ 85224

SCHOOL EXCURSION PERMIT

Dear Parent:

The teachers and school officials feel that the students can profit greatly by planned and supervised field trips, excursions, and athletic events. However, we will not take the children without your knowledge and consent.

If you are willing for your child to go, please sign this slip and have it returned to the teacher no later than (date) 12/1/2016.

(Student's Name) MR. BRIAN DAHLEM
(Teacher's Name)
PERRY HIGH SCHOOL 12/5, 12/6 2016 ST XAVIER UNIVERSITY - SPARK AP
School Date (Location/Description of Field Trip) LEAGUE
Expected time of departure: 7:30 Am
Expected time of return: 3:30 PM

Lunch Arrangements: ☒ Lunch Provided ☐ Student will bring his/her own lunch

Chandler Unified School District
1525 West Frye Road, Chandler, AZ 85224

MEDICAL RELEASE FORM

Field Trips and Excursions require a medical release from parents. This information would be appreciated for all off-campus trips in the event of an emergency.

I _____ give consent to MR. DAHLEM
(Parent's name) (Teacher's name)
to obtain emergency medical treatment from a medical doctor for my child _____
(Student's name)

The physician may call me collect at _____
(Parent's phone number)

My child is now taking the following medication: _____
at this time of day: _____

Special health conditions or allergies: _____

I understand that the district's liability coverage only applies to injury if negligence is proved against the district, and the terms and conditions of the contractual liability coverage provided in favor of the district have been met. In all other circumstances, the student's health insurance will provide coverage for his/her injuries.

PARENT'S SIGNATURE

DATE