

“EMERGENCY” OFF CAMPUS TRIP PERMISSION SLIP



(Oh no, the form is due today and I can't find it anywhere!)

Group/Grade _____

Destination _____

Teacher _____

Student's name (first and last) _____

Emergency phone number where you can be reached during the time of this event (_____) _____

Any special medication, medical issues, or allergies _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the advisor/chaperones to hospitalize and to secure proper treatment for and/or order injection, anesthesia or surgery for my child named above.

Parent/Legal Guardian signature _____

Date _____

Amount enclosed: \$ _____ Check payable to CCS Cash

IMPORTANT INFORMATION FOR PARENTS:

- All fees paid for school trips are non-refundable. Make all checks payable to CCS.
- All students are expected to participate in class trips.
- Because there are deadlines for reservations and payment for trips, students who have not returned permission forms and money by the date indicated may not be able to participate. In this case the student may receive an unexcused absence for non-participation.

Any student with medication must register all medications, including nonprescription drugs, with the supervising teacher who will determine how the medication is to be dispensed. All medications must be kept in their original containers.