

## Southern Wake Academy Field Trip Information/Permission Form

A field trip has been planned that will serve as an enrichment experience for those students participating. The trip will serve as a preparatory/follow-up activity to enrich our curriculum. Students will not be allowed to make the trip unless parental permission is granted. The school system is responsible for students based on the laws of the state of North Carolina. In the event that an accident happens, medical assistance should be sought immediately. The parent will be contacted, and medical charges will be assigned to the parent or guardian. The behavior of our students as it relates to a field trip is of critical importance. Students are always expected to be on their best behavior. Regrettably, inappropriate behavior can result in disciplinary action, including in extreme cases being returned home separately at the parent's expense. The following details are provided for your information:

DESTINATION: Carowinds Amusement Park

COST:       \$75      

SUPERVISING TEACHER/COORDINATOR: Tracy Yelenic

DEPARTURE DATE: Monday June 5, 2017

TIME: 6:30 AM

*Student must arrive at school 30 minutes before departure time or as directed.*

RETURN TO SCHOOL: Monday June 5, 2017

TIME: 9:00 PM

METHOD OF TRANSPORTATION: CHARTER BUS

ARRANGEMENT FOR MEALS: Students should bring bag lunch and money for dinner

**PARENTS:** Please retain the top part of this form for your reference and information. Complete the information below, cut along the dotted line, and return the bottom of this sheet to the teacher by May 27, 2016

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### Southern Wake Academy PARENTAL FIELD TRIP CONSENT FORM

*Return this portion to your child's teacher along with the payment for the field trip.*

Destination: Carowinds Amusement Park

Trip Date June 5, 2017

Teacher: Tracy Yelenic

I hereby certify that (student's name) \_\_\_\_\_ has permission to participate in the field trip according to the policies and provisions as stated above. In the event of an accident or medical emergency, I authorize the SWA staff to seek medical assistance, and I will assume responsibility for all expenses.

I also certify that I understand that on each field trip SWA staff members carry my child's **Authorization for Medication for a Student at School** if I have provided these to SWA. If I cannot be located in the event of an emergency, the SWA staff will call the emergency contacts at the phone numbers I listed on the form. On the application I have also provided my phone number, address, my child's birth date, the name of my child's doctor, my preferred hospital, and information regarding any health conditions, dietary restrictions, allergies and medications of which the SWA staff should be aware.

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
If no insurance, write N/A in spaces above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I am expected to follow all school rules while on the field trip. My behavior as it relates to a field trip is of critical importance. I am expected to be on my best behavior. Regrettably, my inappropriate behavior can result in disciplinary action, including in extreme cases being returned home separately at my parent's expense.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_