

Payment options  
 full payment or  
 3 easy payments  
 \$100 deposit 11-15-18  
 \$100 due 1-10-19  
 \$100 due 2-28-19

California Montessori Project  
 Field Trip Permission Slip & Emergency Information

Payment:	_____
Date:	_____
Cash: \$	_____
Check: #	_____
Verified:	_____
Coordinator's initials:	_____

Due with Specified Payment by \_\_\_\_\_

Classroom: Middle School Field Trip Destination: Shakespeare Festival, Ashland, OR

Date: 4-3-19/4-5-19 Departure Time: 6am Return Time: 6pm Lunch: Yes (Pack a disposable lunch & water bottle)  
Sack lunch or \$ for 4-3-19 lunch

Cost per Student\*: \$ 300- Cost per adult: \$ 300-

\*CMP Policy provides that no student shall be excluded from a field trip for financial reasons.

Please Note Siblings are not permitted on CMP Field Trips except in extenuating circumstances and parents are required to have at least 2 weeks prior approval. Siblings enrolled in CMP are expected to be in attendance in their own classrooms.

Student Information: My child, \_\_\_\_\_,  does /  does not have my permission to participate in the field trip listed above and to be transported by a CMP parent volunteer driver.

My child requires a car booster seat! (required for child until 8 years old or 4'9" in height). Parents to leave seat with teacher.

Parent Information: Parent/Guardian Name(s): \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Volunteer and/or Driver Participation:

Yes, I, (driver name) \_\_\_\_\_ would like to drive on the field trip, and can accommodate children, including my own child, in my car with seat belts and car seats if necessary.\*

I have been cleared by the school office to drive on fieldtrips by attending "7 Habits of Highly Effective Volunteers" and by submitting my Live Scan, TB test results, driving report, proof of insurance, driver's license and vehicle registration and am 25 years of age or older.

Yes, I, (chaperone name) \_\_\_\_\_ would like to volunteer on the field trip.\*

I have been cleared by the school office to volunteer on fieldtrips by attending "7 Habits of Highly Effective Volunteers" and by submitting my Live Scan and TB test results and am 21 years of age or older.

No, I am not able to participate on this field trip.

\*I understand there may be more volunteers and/or drivers than are allowed on the field trip and I will be notified if I will be driving or participating.

**AUTHORIZATION TO TREAT MINOR:** In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff or designated parent supervisor to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

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

**Important Notice:** California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the school, district, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion (Education Code Section 35330).

**EMERGENCY INFORMATION: MUST BE COMPLETED to accompany your child's chaperone/driver**

Print Name(s) of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Pagers/Cell Phones: \_\_\_\_\_

Additional Emergency Contact Person/Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Additional Emergency Contact Person/Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Physician/Health Insurance Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Critical Medical Needs/Allergies/Conditions: \_\_\_\_\_