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| Parent Permission Form - Field Trip |

**By Friday, August 11th  All information can be found on the event page http://events.constantcontact.com/register/event?llr=aab5lesab&oeidk=a07eefa3oql8ea568bc**

* **$60 payment at www.ciceroprep.configio**
* **Cicero Parent Permission Form (this document)**
* **Tonto Creek Camp (Retreat at Tontozona) Release of Liability Form**

A group of students from \_**Cicero Preparatory Academy**\_ will be making a trip as follows:

Group: 9th Grade Place: Camp Tontozona, Payson, AZ

Date: August 18, 2017 Sponsor Name: Cicero Prep 9th Grade Faculty

Event: 9th Grade STEM Retreat/Fieldtrip Transportation: Charter Bus

Hour: 7:40 a.m-Approximately 5:30 p.m Cost of Trip: $60 paid through www.ciceroprep.configio

1. I hereby give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name) my permission to attend the retreat at Camp Tontozona, Payson, AZ.
2. While on this field trip the sponsor has my permission to administer to my child the following medication(s): Name of Medication(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I understand that the school assumes no responsibility other than the exercise of prudent supervision. All medical expenses will be covered by my own medical carrier.

Please check appropriate box

Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Insurance Company)

Parental Waiver (No Insurance)

Parent printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact #\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Signature Date