



CADET NAME _____

DUE BY: 10/2/18

Sarasota Military Academy

FIELD TRIP PERMISSION SLIP

Head of School
Signature of Approval

This form must be filled out completely and have approval signature before it is distributed to cadets. The Emergency Medical/Treatment Field Trip Consent Form MUST be on file in the clinic before cadet will be allowed to participate in this activity. A copy of the form must accompany this sheet with the teacher/coach on the trip. SMA Form-117 must also be filled out and turned in at least 2 weeks in advance to ensure transportation. ALL chaperones MUST be PALS approved. USE OF POV IS ONLY ALLOWED UNDER SPECIAL CIRCUMSTANCES AND MUST HAVE APPROVAL FROM HEAD OF SCHOOL BEFORE ARRANGEMENTS ARE MADE.

TEACHER/COACH/OTHER: **Scott/Geimer**CLASS/TEAM: **Senior Class**DESTINATION: **Howl-O-Scream Busch Gardens Tampa Bay**DEPARTURE DATE: **10/19/17**DEPARTURE TIME: **5:00 PM**

RETURN DATE:

10/20/17RETURN TIME: **2:30AM**MEANS OF TRANSPORTATION: **CHARTER BUS ONLY**MEAL ARRANGEMENTS: **At Cadet Discretion**COST FOR TRIP: **Before 8/31/18= 80\$, After 8/31/18 = 90\$**

ADDITIONAL MONEY NEEDED FOR TRIP:

At Cadet Discretion

OTHER INFORMATION:

P	OVERALL APPROVAL	TEACHER SIGNATURE
1	YES / NO	
2	YES / NO	
3	YES / NO	
4	YES / NO	

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* CADET MUST HAVE "YES" CIRCLED FOR ALL IN ORDER TO PARTICIPATE* THE UPPER PORTION MUST BE FILLED OUT AND APPROVED BY EVERY TEACHER IN ORDER FOR CADET TO PARTICIPATE➔ **OVER NIGHT TRIPS:** DOES YOUR CHILD TAKE ANY MEDICINE WHILE NOT AT SCHOOL? NO YES**Please contact the nurse.**

Cadets are not authorized to carry medicine on their person, therefore, if your answer was YES, it is the parent's/guardian's responsibility to contact the clinic at least 5 days prior to the field trip date, to make necessary arrangements for your child to have his/her medicine available on the trip. It will be administered by the teacher/coach.

PARENT/GUARDIAN APPROVAL

I _____ (parent/guardian) give my permission for _____

Cadet's name) to participate in the field trip to _____ (destination) on _____ (date).

Phone number(s) where I can be reached during this field trip: _____

I realize that any activity that takes place away from the controlled environment of the school setting may present a higher risk of injury to my child. I also understand that this activity may be cancelled due to changing county, state, national or international conditions. I assume responsibility for any personal financial loss related to such a cancellation. In consideration for permitting my child to participate in this field trip, I release the Sarasota Military Academy, its employees, and agents from all claims, judgments, costs, or other expenses including attorneys' fees, resulting in any way from participation in the field trip described above.

Signature of Parent / Guardian_____
Date