

**PARENT/GUARDIAN PERMISSION SLIP FOR NON-SCHOOL DAY FIELD TRIPS- 2320F4**

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher/Staff In Charge on Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: [ ]  Female [ ]  Male

Dear Parent/Guardian: your child is invited to participate in a field trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. See attached itinerary and description of activities. Careful planning has been done to insure the safety of all participants. Please return this form no later than: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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| **District Transportation** Method of transportation:[ ]  District Bus[ ]  District van/vehicle[ ]  Charter Bus[ ]  Public Transportation[ ]  Walking | **Private Transportation**[ ]  Private VehicleI understand my child will be transported in a private, non-district owned or insured vehicle.Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Emergency Contact Information:**

Parent/Guardian #1- Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2- Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact- Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Needs:**

[ ]  My child will not require medications on this field trip.

[ ]  My child already has doctor authorized medications at school for this field trip.

[ ]  My child will require additional medications not normally given during school hours. I know that I must have a current Medication Authorization signed by me and the Health Care Provider, and the medications to the school nurse one week prior to the field trip Please complete form 2320F9. *This applies to prescription and over-the-counter medications. (such as Tylenol, Ibuprofen, Benadryl or other allergy medications, etc.)*

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_



**STUDENT CODE OF CONDUCT & EXPECTATIONS FORM**

**Overnight Trip Expectations:**

1. All student and chaperone room keys will be distributed by the designated leader. Chaperones will be responsible to get the keys (both their own and their groups’) from the designated leaders.
2. Hotel/overnight accommodations expectations include:
	1. Expectation of quiet and respectful behavior. The hotel is shared with other guests and we are representing our respective schools and Highline School District.
	2. Designated time for “lights out” and designated “wake-up” time along with schedule of mealtimes and check out times as appropriate.
	3. Chaperones will discuss the condition of the hotel room on arrival with students, and the expectation the condition will be the same at check out.
	4. Care shall be taken to minimize noise -- including stereos and TVs, particularly after established curfew times.
	5. Student will be in his/her room by curfew.
	6. Respect shall be shown toward hotel/convention center employees, guests, the community, and personal property.
3. Chaperones will physically check attendance (use written room assignment checklist) and assure each student is in their assigned room.
4. Expectation of random “room checks” throughout the night. Male chaperones will do room checks on rooms with male students and female chaperones will do room checks on female students.
5. There will be no co-ed time in any hotel room at any time of the day or night, under any conditions, without exception. NO STUDENT OTHER THAN THOSE ASSIGNED MAY BE IN A ROOM.

**Overall Code of Conduct Student Expectations:**

1. CONSUMPTION OF ALCOHOL AND USE OF DRUGS WILL NOT BE TOLERATED.
2. Participant shall refrain from running or loud talking in hotel halls or public areas.
3. Each student will inform designated adviser of location at all times.
4. Each student will participate in all individual as well as group activities.
5. Each student will meet with other participants of the opposite gender only in places identified as public meeting areas.

We understand the code of conduct and are aware that violation may result in early return home at parent/guardian expense as determined by the trip advisor.

In addition to these guidelines, all field trips are governed by Policy & Procedure 2320, which can be found online at: http://www.highlineschools.org/about/board-policies