



**** DUE BY FRIDAY APRIL 4TH ****

FIELD TRIP PERMISSION SLIP

_____ will be participating in a field trip visit to
STUDENT'S NAME AND ID#

MAIN EVENT Tuesday May 20th

The group will leave school at **9:00 am** _____ and return to school at **2:00 pm** _____
Transportation will be as follows:

€ SCHOOL BUS BOTH WAYS	€ School car or van(s)
€ Walking	€ Other (explain): Charter Bus

Special activity cost for this trip will be **\$40 (paid online)** which includes **4 hours of unlimited play, lunch and transportation ((gluten free/ allergy restricted options available- must be requested by 5/2/2025))**

_____ has my permission to participate in the field trip above.
STUDENT'S NAME AND ID#

In the event of an emergency, please contact: _____
NAME

HOME PHONE # _____ WORK PHONE # _____ CELL PHONE # _____

Please note any medication the student is currently taking or attention which should be observed in the case of an emergency:

SIGNATURE OF PARENT OR GUARDIAN

DATE

FIELD TRIP MEDICATION PROCEDURE

Medications must be furnished by the parent to the teacher. **Students may not bring in the medication.** If it is a prescribed medication, it must be in its **ORIGINAL PHARMACY BOTTLE WITH CURRENT DATE**, labeled with the child's name, prescription number, and identification of medication along with correction instructions. Over-the-counter medicines must also be in their original containers with labels intact to identify. School personnel will not be responsible or liable for any reaction to medicines given in accordance with the directions on the label. All medication will be kept by the teacher or trip leader.

Parents are responsible for giving necessary student medications to the teacher. Please bring only the number of doses needed for this field trip to the teacher in the ORIGINAL CONTAINER. Please see that the teacher/leader has the medication prior to the departure of the trip.

FIELD TRIP MEDICATION PERMISSION FORM

(If your child must take medication while on the field trip, please fill out the following form completely)

I request _____ sees that my child
TEACHER OR FIELD TRIP LEADER

_____ receives the following medication(s) on this field trip.
STUDENT'S NAME AND ID#

MEDICATION DOSAGE TIME TO BE GIVEN

PRESCRIPTION # REASON FOR MEDICATION

MEDICATION DOSAGE TIME TO BE GIVEN

PRESCRIPTION # REASON FOR MEDICATION

Special Instructions: _____



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SIGNATURE OF PARENT OR GUARDIAN

DATE

Paying for 8th grade field trip ONLINE

1. Navigate to <https://az-deervalley.intouchrecepting.com/> in your browser.

2. Scroll past the tax donation button and go straight to the login information at the center of the page.

Username: Student ID number

Password: Last name (case sensitive)

**If you cannot log in using those credentials, please contact Bonnie Walker to reset your login.

a. If your student is not currently enrolled in Deer Valley Unified School district then create a guest account found at the bottom of the page

3. Click your student's name (any fines on student's account will appear in red at the top of the screen)

4. Under "Shop,"

-Items at All School

-Select Middle School

-Select Hillcrest Middle School

5. Under "Categories," choose "**8-1 MAIN EVENT FIELD TRIP**"

6. Click on 8-1 Play Field Trip

7. Verify your 1 item

8. Then click BUY button

9. Then click the green checkout bar at the top of the screen which is payment

10. Click Checkout at the bottom of the screen

a. If the student does not have a DVUSD student ID number, enter 1. If your student is new to Hillcrest and you are not sure what their ID number is please contact. *Note - you must have completed school registration for your student to obtain a DVUSD ID number.

9. Finish by entering in the requested payment information

Thank you!

Hillcrest 8th grade staff

8th Grade Fun Day

When: Tuesday, May 20, 2025

Where: Main Event Avondale

10315 W. McDowell Road

Avondale, AZ 85392



Cost: \$40

School All Access Pass

Includes Activities: Bowling, Laser-tag,

Billiards, Gravity Ropes, Unlimited Arcade FUNcard

Lunch: Two slices of pizza and a medium drink

**(gluten free/ allergy restricted options available-
must be requested by 5/2/2025)**

Permission Slips and \$40 fee must be returned by: Friday April 4, 2025

Please pay ONLINE for Fun Day



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3. Click your student's name (any fines on student's account will appear in red at the top of the screen)
4. Under "Shop,"
-Items at All School
-Select Middle School
-Select Hillcrest Middle School
5. Under "Categories," choose **"8-2 MAIN EVENT FIELD TRIP"**
6. Click on 8-1 Play Field Trip
7. Verify your 1 item
8. Then click BUY button
9. Then click the green checkout bar at the top of the screen which is payment
10. Click Checkout at the bottom of the screen
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- a. If your student is not currently enrolled in Deer Valley Unified School district then create a guest account found at the bottom of the page
3. Click your student's name (any fines on student's account will appear in red at the top of the screen)
4. Under "Shop,"
-Items at All School
-Select Middle School
-Select Hillcrest Middle School
5. Under "Categories," choose **"8-3 MAIN EVENT FIELD TRIP"**
6. Click on 8-1 Play Field Trip
7. Verify your 1 item
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