



EDUCATIONAL STUDY TRIP INFORMATION AND PERMISSION FORM

Parents/Legal Guardians: Students will not be allowed to participate in an Educational Study Trip without written completion of this form.

School Name: Aprende Trip Leader: Cynthia Washington & Pat Woulf

Trip Date: Nov 1-Dec 10, 2026 Trip Destination: Desert Breeze park/ McClintock/ Starbucks

Students will leave school at: 6:45am and return to school at: 8:15am
(time) (time)

The purpose of the trip is: Cross Country Training

Other information: _____

Special clothing required for this trip will include: _____
* Be ready to workout with comfortable training clothes and running shoes on (no cross training shoes they need to be flexible) with a FULL water bottle.

The location of the activity requires that each student be able to accomplish the following physical tasks: Running,
Walking, Jogging

I am aware that classroom students are the only students allowed on the trip. No other students, siblings or guests may accompany volunteers or supervisors.

I approve of _____ participating in the Aprende Cross Country
(name of student) (grade class or group)
educational study trip to Desert Breeze park/ McClintock/ Starbucks.

Please check one: Student will: ☐ bring sack lunch ☐ buy school lunch

I do not approve of _____ participating in the trip and instead want he/she to participate in an alternative
(name of student)
learning experience.

I understand that the District's liability coverage only applies to injury if negligence is proved against the District, and if the terms and conditions of the contractual liability coverage provided in favor of the District have been met. In all other circumstances, the student should seek coverage from his/her own healthcare insurer, and/or the negligent third party responsible for causing the injury.

My signature below indicates I have read the information contained in this document.

Signature of Parent/Legal Guardian

Date

↓ Please complete **both** sides of this form. ↓

**EDUCATIONAL STUDY TRIP EMERGENCY MEDICAL INFORMATION
AND CONSENT FOR EMERGENCY CARE**

Parents/Legal Guardians: Students will not be allowed to participate in an Educational Study Trip without written completion of this form.

Name: _____ Birthdate: _____ Age: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parents/Legal Guardians Full Names: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person other than parent who may care for or transport child who becomes ill or injured at school.

Name: _____ Phone: _____ Cell Phone: _____

Preferred Hospital: _____ Doctor: _____ Phone: _____

Dentist: _____ Phone: _____ Date of last tetanus shot: _____

Drug allergies (penicillin, etc.): _____

Allergies to insect stings, food, or plants: _____

Recommended Treatments: _____

Medications to be taken during a field trip must be in the original prescription packaging with specific instructions. If your child must take medications during the trip time, please list all names, specific dosages, and times to be given:

Restrictions on physical activity: _____

Chronic health problems (asthma, epilepsy, etc.): _____

Your X placed by the item below grants the District/School personnel authority to administer the recommended dosage of non-aspirin (such as Tylenol). Non-aspirin: _____ yes _____ no

CONSENT FOR EMERGENCY CARE

School Name: _____ Student Name: _____

I have legal custody of my child and grant permission for emergency treatment to be administered in the following way. In case of serious illness, I request that the school/trip leader contact me. If I cannot be reached, I hereby authorize the school/trip leader to call the physician/hospital indicated above and follow their instructions. If it is not possible to contact this physician/hospital, the school/trip leader may make whatever medical arrangements are necessary. If there are any special instructions regarding medical treatment of my child, including any information regarding allergies or drug reactions, I have included the information above.

Parent/Legal Guardian Signature

Date

*Please complete **both** sides of this form.*