

# SAVE THE DATES

10 September 2018

Dear Parent(s)/Guardian(s),

We have some exciting field trips coming up in the 4th grade! If you would like to be a chaperone for any of the field trips, please fill out the form below and return it to your child's teacher. Space is limited, so in the event that we have more volunteers than needed, we will draw names for chaperones. **Chaperone confirmations will go home closer to the field trip dates.** Thank you for your help and for returning these forms ASAP!

- \$2 **Highland Center**  
Tuesday 18 September 8:30 a.m. - 2:00 p.m.
- \$7 **Mortimer Family Farms**  
Wednesday 3 October 8:30 a.m. - 12:15 p.m.
- \$7 **NAZ Suns Kids Day Game**  
Tuesday 22 January 10:00 a.m. - 2:00 p.m.
- \$2 **Grand Canyon**  
Date TBD (sometime this spring) 8:30 a.m. - 6:00 p.m.
- \$2 **Red Rock State Park**  
Date TBD (sometime this spring) 8:30 a.m. - 4:00 p.m.



Fees may be sent in all at once (\$20 total) or one at a time. Please keep the top portion for your own reminder and return the bottom portion if you would like to be considered for chaperoning.

Thanks!



Parent/Guardian Name: \_\_\_\_\_

Student name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Text messages ok?  yes  no

*Please check which field trips you would be interested in helping chaperone.*

- Highland Center**  
Tuesday 18 September 8:30 a.m. - 2:00 p.m.
- Mortimer Family Farms**  
Wednesday 3 October 8:30 a.m. - 12:15 p.m.
- NAZ Suns Kids Day Game**  
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# Taylor Hicks Elementary School Field Trip Permission Form

Our class will be participating in a field trip to the **Highland Center** on **Tuesday, 9/18/18**. The group will leave school at 8:45 a.m. and return to school at 2:00 p.m. We will be taking a school bus both ways. Special activity cost for this trip will be **\$2.00**, which includes transportation as well as field trip activities. We will eat lunch at the Highland Center. Please indicate below if you will provide a sack lunch for your child or if you will need a school lunch provided.

I, \_\_\_\_\_, hereby give permission for my child,  
parent/guardian (please print)

\_\_\_\_\_ to attend the field trip to the *Highland*  
student

*Center* on Tuesday, September 18, 2018.

In the event of an emergency, please contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Is any regular medication required for student during the field trip?

\_\_\_ No \_\_\_ Yes (please fill out attached medication procedure form).

Please note any special attention which should be observed in the case of an emergency.

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I will provide a sack lunch for my child.

**OR**

I will need a school lunch for my child.

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date

# Taylor Hicks Elementary School Field Trip Permission Form

Our class will be participating in a field trip to ***Mortimer Family Farms*** on **Wednesday, 10/3/18**. The group will leave school at 8:45 a.m. and return to school at 12:15 p.m. We will be taking a school bus both ways. Special activity cost for this trip will be **\$7.00**, which includes transportation as well as a hayride and corn maze. We will eat lunch on campus as usual, but students are encouraged to bring a healthy snack to have at the farm.

I, \_\_\_\_\_, hereby give permission for my child,  
parent/guardian (please print)

\_\_\_\_\_ to attend the field trip to *Mortimer*  
student

*Family Farms* on Wednesday, October 3, 2018.

In the event of an emergency, please contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Is any regular medication required for student during the field trip?

No  Yes (please fill out attached medication procedure form).

Please note any special attention which should be observed in the case of an emergency.

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parent/guardian signature

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date

# Medication Procedure

Parents are responsible for giving necessary student medications to teachers. Medications may NOT be given out from the nurse's office to a teacher. Students may NOT bring in the medication. If it is a prescription 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 correct instructions. Over-the-counter medications must also be in their original containers with label intact to identify. The school district personnel will not be responsible or liable for any reactions to medicines given according to the above direction. All medications will be kept by the teacher or trip leader. Please provide the teacher with the number of doses needed for this field trip only in their ORIGINAL container. Please see that the teacher/field trip leader has the medication prior to the departure of the field trip.

I request that the teacher/field trip leader sees that my child, \_\_\_\_\_ receives the following medication on this field trip.

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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parent/guardian signature

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date