

Pacific Crest Middle School

Field Study Permission Slip

Class/Group _____ Number of Students _____

Location _____

Departure Date(s) _____ Arrival Date(s) _____

Staff Chaperones _____

Cost per Student _____

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Parent/Guardian Authorization

I hereby grant permission for _____ to participate in the **forementioned field study experience**. This trip is an optional activity and attendance by your student is not required. An alternative activity at school will be provided if you do not give permission for your student to participate. Your student will be expected to make up any missed work in other classes due to this trip.

1. I understand all students going on the trip will be responsible to the supervisors for their conduct and are subject to all rules and regulations of the school and Bend-La Pine Schools.
2. I understand students are required to go and return from this event on the transportation provided, unless prior arrangement has been made and agreed to in writing by the school administrator or teacher. Trips begin and at the school of origin or designated location.
3. I understand there will be times during the trip when an adult may not accompany my student or the ration of students to adults may be more than 15 to 1.
4. I hereby acknowledge I have been advised activities involved with some trips may be inherently dangerous.
5. I understand there is no insurance provided by the school or District for this trip although the District has made student accident insurance available for purchase at my expense.

Authorization to treat minor: In the event I cannot be contacted, I herby give permission to the school staff to secure proper treatment for my student and agree to be financially responsible for any expense incurred for any necessary treatment resulting from this trip. I have read and understand the trip information materials.

Parent/Guardian Phone _____ Alternate Phone _____

Emergency Contact _____ Emergency Contact Phone _____

Medical Needs or Conditions _____

Parent/Guardian Signature _____ Date _____

Print Name _____ Email _____

Please return completed form to Main Office.

Cash, check or pay online at touchbase.bend.k12.or.us

- ☐ Yes, my student needs support. I would like more information on payment plans and scholarships.
- ☐ No, my student does NOT need assistance.
- ☐ I would like to donate to a student support fund.