**![CCS[blk]2]() Fort Hayes Metropolitan Education Center**

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***­­­­­­­­­­­­­­­­­Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.***

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**FIELD TRIP PERMISSION REQUEST AND AUTHORIZATION**

Dear Parent/Guardian: Date: May 12, 2022

Our American Studies 12 class is planning an educational trip to the Rock n’ Roll Hall of Fame and Museum on Friday May 20, 2022 from 8:00 am to 3:00 pm. We will travel to Cleveland by charter bus for the purpose of participating in the *We Shall Overcome: Rock’s Role in Social Movements* educational program provided by the Rock Hall. After we participate in the program, we will spend some time exploring the museum. We should arrive back in Columbus around 3:00 pm. Students will need transportation home after we arrive on campus. The cost of the trip is $30 to cover part of transportation costs, Dr. Ruffin will subsidize the remaining balance not covered by students. Admission to the rock hall and the program are free. Students will eat breakfast on campus before we leave at 8:00am and may bring a packed lunch with them. Please have them let Dr. Merry know if they need a boxed lunch from our cafeteria. We will stop at a fast-food chain to grab lunch on the way home. Please have them bring money for lunch if that is your student’s choice.

Will you give your permission you’re your student to accompany us to the Rock n’ Roll Hall of Fame in Cleveland, OH on Friday May 20, 2022?

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dr. Johnny Merry

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the

above activity.

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 Parent/Guardian Authorization/Signature Date

**Please return this form to Dr. Merry ASAP.**

**MEDICAL AUTHORIZATION**

Should it be necessary for my son/daughter to have medical treatment during this event, I hereby give the school district or personnel of the destination permission to obtain medical service for my son/daughter. My signature on this form releases the Board of Education of the Columbus City Schools, all district employees, and the personnel of the destination from liability should injury or accident occur while your son/daughter is involved in the event. I also understand that students are not employees of the Columbus Board of Education and they will not be covered by worker’s compensation. **\_\_\_\_\_YES \_\_\_\_\_ NO**

Parent/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Please Print Name

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street Address) (City, State) (Zip Code)

Phone Numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_