**CCS[blk]2 Fort Hayes Metropolitan Education Center**

546 Jack Gibbs Boulevard

Columbus, Ohio 43215

Phone (614) 365-6681

Fax (614) 365-6988

www.columbus.k12.oh.us

***­­­­­­­­­­­­­­­­­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**

Date of Event: 02/23/2018

Dear Parent or Guardian:

Our Elite Honor Roll students are invited to view the film “Black Panther – PG13 Rating” which is an action film - Friday, February 23, 2018. We will travel to and from this destination by School Bus to the Lennox Theater. The cost for each student is $10.00.

The Students will leave from Fort Hayes at 9:30 am and will return before 12:30 pm. Lunch for these students will be provided once returned. Please read the back side of this permission slip before signing below.

**In order for your student to participate, parents will need to purchase a ticket at the following website: Locallevelevents.com – type “Fort Hayes” in the Keyword slot. Also, this permission slip, with parent signature, should be submitted to Assistant Principal William Anderson on or before January 8, 2018.**

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in the above activity.

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Parent Authorization/Signature Date

**Please return this form to the school and give Dr. W. Anderson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_