GARDEN CITY UNION FREE SCHOOL DISTRICT FIELD TRIP PERMISSION FORM

Dear Parent/Guardian: Your child's class will undertake a field trip. Information regarding the trip is given below: <u>Best Buddius</u> Date of Trip: <u>TUES</u> 3/27/18 Destination: <u>Garden City Bowl</u> , 987 Stew Approx. Time of Departure: <u>3°00</u> Approx. Time of Return: <u>5°30</u> Mode of Transportation: School/Charter Bus <u>6 Other</u> (Specify): Estimated Expenses (to the student): Transportation: <u>Imfuded</u> Admission: <u>15°50</u> Food: <u>Included</u>			
		Special Instructions:	
		TO BE COMPLETED	BY PARENT/GUARDIAN
		I,, hereby give permission for my child,,	
		Name of Parent/Guardian	Name of Student
		to participate in this field trip.	
In case of an emergency, I can be reached at the followin Home: Cell:	ng phone numbers: Work:		
If I cannot be reached, please contact:	or		
Name & Number of Emergency Contact #1	Or Name & Number of Emergency Contact #2		
I understand that the leaders will make every effort to re	each me, but in the event emergency treatment is necessary,		
I give the trip leaders the right to transport and authorize medical treatment on behalf of my child.			
My child's physician is:			
My child's physician is:	ess & Phone Number of Child's Physician I interfere with his/her participation on this trip:		
My child takes the following medication:	, and I will make		
arrangements for him/her to receive this medication, as	required.		
I hereby covenant and agree to release and hold harmles	ss the Garden City UFSD from and against any and all liability,		

I hereby covenant and agree to release and hold harmless the Garden City UFSD from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the above named field trip.

Signature of Parent/Guardian

Date Signed

GCUFSD Jan 2017