

**WESTERN PLACER UNIFIED SCHOOL DISTRICT
FIELD TRIP/TRAVEL PERMISSION FORM**

DATE: February 2, 2009

FOSKETT RANCH ELEMENTARY SCHOOL is taking a bus to **B Street Theater to see *Swiss Family Robinson*** on **Tuesday, February 24, 2009.**

The group will be supervised by **Mr. Law, Ms. Beggerly, Mrs. Taxara & Mrs. Bryant.**

We will leave at **9:30 a.m.** and return at **2:30 p.m.**

For your convenience, a sack lunch is available through the district food services. Please mark the box to order a school lunch. Purchase of a sack lunch (beverage included) may be bought through ticket or cash.

Western Placer Unified School District does not provide medical coverage for the students. School time accident insurance may be purchased at the school office.

If your student is covered by accident insurance, please indicate below your insurance carrier and policy number.

Mr. Law

Teacher Signature

This form must be returned no later than Wednesday, February 4, 2009.

(DETACH AND RETURN THIS PORTION TO SCHOOL)

IMPORTANT

My child will require a school lunch for this trip:

Yes No

_____ has my permission to attend the trip on **2/24/09** and I give my
Student's Name
permission for the teachers in charge to take my child to the nearest emergency medical facility if needed.

Parent Signature

Date

Home Address

Home Phone

Work Phone

Emergency Person Other than Parent

Relation to Student

Phone

List any Medication the Child is Presently Taking

Allergies or Other Health/Medical Problems (be specific)

Medical Insurance

Group Number

Medi-Cal Number

\$18.00

**If you would like to help with this Field Trip, please sign.
(You must have a negative Tuberculosis certificate on file in the school office.)

Price of Trip

Cost to volunteers for this field trip is: **\$18.00** (space is limited at the theater)

****If this is a financial hardship, please let us know. Thank you.****