Lake City Academy Field Trip Permission Form

Dear Parent or Guardian,
Your child is going on a field trip. Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form by Friday, March 20.

(Please return to teacher by the above date.)

Field Trip Information:

Teacher: ____Mrs. Roberts grades 3/4____ Date: Apr. 29, May 6, 13, and 20_____

Location: _CdA Museum , Sierra Silver Mine, Gold Mine, & Cataldo Mission (all 10 AM tours except CdA Museum)

Purpose: _____Idaho History_____

Means of Transportation: _____School bus_____

Leave school: __9 AM except Cda which will be at 8:45__ Arrive back at school: _by 2:OO CdA Museum by 11

Special Instructions: ___students need a sack lunch for all trips except to CdA Museum

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Save this top part of the form for your own future reference.

Cut here ---------- ***Cut here***

Sign this bottom part of the form and return it to your child's teacher.

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Teacher: ____Mrs. Roberts - grades 3/4____

My child,_____ has permission to attend a field trip to
(Student's Name)

ID History trips on April 29, May 6, 13, & 20_ from _9:00__ to ___2:00_____.
(Location) *(Date)* *(Time Leaving LCA)* *(Time Returning)*

Current Medications: _____

I give my permission for _____ to receive emergency medical treatment. In an emergency, please contact:

Name: _____ Phone:_____

(Please Print)

Parent/Guardian Signature: _____ Date: _____