



FIELD TRIP PERMISSION FORM

NAME OF STUDENT _____

TEACHER Morgado, Perry, Shannon

DATE OF TRIP Saturday, May 19, 9am-11:30

LOCATION Rindler Creek (On Fairgrounds Drive and Coach Lane)

APPROXIMATE PICK UP TIME: 11:30 am

The purpose(s) of the field trip is(are): Students will investigate the amount of trash thrown in Vallejo's waterways and the environmental impacts.

EACH STUDENT WILL BE EXPECTED TO: Collect data on the trash types and amounts

BRING: Clothes to dress in layers, shoes and clothes you don't mind getting dirty, gloves, water, sunscreen, hat.

TRANSPORTATION: You are responsible for your own transportation. You will need to be **picked up by 11:30am**

*Bring your volunteer hour sheet to get signed.

*Parents are welcomed to earn commitment hours too!

*Make sure the permission slip AND Waiver are turned in

For More information: vallejowatershedalliance.org

Permission Slip AND Waiver Due: **By Friday, May 12 to Ms. Morgado, Ms. Perry, or Ms. Shannon**

PARENT/GUARDIAN PERMISSION

.....IMPORTANT.....EVERY QUESTION MUST BE COMPLETED

My signature below indicates my permission, and further, I release and hold harmless Mare Island Technology Academy and its agents from any and all liability due to injury, accident, illness or death occurring during or by reason of the field trip. I have read the information provided in this permission slip and give my consent for this student to engage in the field trip. I will be aware of any precautions and encourage my student to follow all school rules.

I also give Mare Island Technology Academy staff permission to seek ANY MEDICAL/EMERGENCY SERVICE

Dear MIT:

We, the undersigned parents/legal guardians of _____, age _____, do hereby consent to any examination, X-rays, medications and anesthetics/and medical and surgical treatments that may be rendered based on recommendations that may be made by the physicians of the service selected. It is understood that this consent is given in advance of any accident or illness that requires diagnosis and treatment, but is given to encourage the doctors to use their best judgment and proceed immediately with any necessary treatment.

This authorization for diagnosis and treatment shall remain effective until the following date: _____.

AUTHORIZATION SIGNATURES: _____
Father/ Legal Guardian or Mother/ Legal Guardian

Home Phone _____ Work Phone (f) _____ Work Phone (m) _____

Health Insurance Company _____ Grp. # or ID # _____

Family Doctor _____ Phone No. _____

Please list below any pertinent history (allergies, drug, fractures, operations, and date of last tetanus shot)

Permission Slip AND Waiver Due: By Friday May 11 to Ms. Morgado.