

## STUDENT FIELD EXPERIENCE AND SPECIAL ACTIVITIES PARENTAL CONSENT FORM (Routine)

Please Return This Completed Form by:A.S.A.l	
Name of School: McCammon Elementary Activity	Date:2023-24 School Year
of the school and activities of a special nature held on school	m for students participating in any school field experience outside district property. Regularly scheduled events such as basketball t participate in field trips will be provided with supervised study.
Purpose: class walking field trips in school community	
Departure Time: N/A Return Time: N/A	
Destinations: Local points within the school communi	у
Travel Arrangements: Walking	
Sponsor Teacher(s): Classroom Teacher	
Supervision Provided by: TEACHER (Parents or EA's	may be included)
or the school board or its employees or agents, or the facility	n occur with or without any fault on either the part of the student, where the activity is taking place. By allowing your son/daughter ent occurring, and agree that this activity, as described above, is
Principal signature	Sponsor Teacher(s) signature(s)
I give	me of student) permission to participate in the field trip
I give (full nate to various walking distances in school community on	me of student) permission to participate in the field trip  2023-24 School Year  . I understand that my child may be
I give (full nate to various walking distances in school community on exposed to certain risks while participating in this activity and	me of student) permission to participate in the field trip  2023-24 School Year  . I understand that my child may be hat accidents and injuries may occur.
I give (full nate to various walking distances in school community on exposed to certain risks while participating in this activity and student's Care Card Number:	me of student) permission to participate in the field trip  2023-24 School Year  . I understand that my child may be hat accidents and injuries may occur.
I give (full nate to various walking distances in school community on exposed to certain risks while participating in this activity and	me of student) permission to participate in the field trip  2023-24 School Year  . I understand that my child may be hat accidents and injuries may occur.
I give (full nate to various walking distances in school community on exposed to certain risks while participating in this activity and student's Care Card Number:	me of student) permission to participate in the field trip  2023-24 School Year  . I understand that my child may be hat accidents and injuries may occur.
I give (full nate to various walking distances in school community on exposed to certain risks while participating in this activity and student's Care Card Number:	me of student) permission to participate in the field trip  2023-24 School Year  . I understand that my child may be hat accidents and injuries may occur.
I give (full nate to various walking distances in school community on exposed to certain risks while participating in this activity and student's Care Card Number:	me of student) permission to participate in the field trip  2023-24 School Year  . I understand that my child may be hat accidents and injuries may occur.
I give (full nate to various walking distances in school community on exposed to certain risks while participating in this activity and student's Care Card Number: Medical Information (please include any medical or health con	me of student) permission to participate in the field trip  2023-24 School Year  . I understand that my child may be hat accidents and injuries may occur.  cerns):