

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

| Please Return This Completed Form by: Friday, J   |   |
|---|---|
| Name of School: McCammon Elementary   | Activity Date: Tuesday, June 10, 2025   |
| outside of the school and activities of a special nature held o   | form for students participating in any school field experience<br>in school district property. Regularly scheduled events such as<br>ents who do not participate in field trips will be provided with |
| Purpose: Getting books to our students.   | ·   |
|   | _ Return Time: 12:30 pm at McCammon   |
| Destination(s): The Bookman   |   |
| Travel Arrangements: Walking  | Cost to student: No Cost  |
| Students will need to bring: Dress for the weather, comfortable walking shoes.  |   |
| Sponsor Teacher(s): Ms Moffett & Ms Lally   |   |
| Supervision Provided by: Ms Moffett & Ms Lally  | /   |
| Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting risk of an accident occurring, and agree that this activity, as described above, is suitable for weak participated. |   |
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| Deterination  | Molly ghilly fitters  |
| Principal signature   | Sponsor Teacher(s) signature(s)   |
|   |   |
|   | Sponsor Teacher(s) signature s)  me of student) permission to participate in the field trip _(mm/dd/yy). I understand that my child may be exposed  |
|   | me of student) permission to participate in the field trip _(mm/dd/yy). I understand that my child may be exposed   |
| I give  | me of student) permission to participate in the field trip _(mm/dd/yy). I understand that my child may be exposed ents and injuries may occur.  |
| I give (full name to The Bookman on 06/10/25 to certain risks while participating in this activity and that accide  | me of student) permission to participate in the field trip _(mm/dd/yy). I understand that my child may be exposed ents and injuries may occur.  |
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