

THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA
Parental or Guardian Permission Slip

Form #32
Rev. 7/27/16

Date _____

Permission is granted for _____ (Student Name) _____ (Grade) to go on a field trip to _____ (Destination) on _____ (Date) at _____ (Time) accompanied by authorized persons employed by the Martin County School District.

Admission Price: _____ Estimated Return Time: _____
(Amount)

TRANSPORTATION: School Owned Bus _____ Commercial Carrier _____
Private Vehicle _____ Walking _____

EMERGENCY INFORMATION:

Emergency Name & Phone: _____
(If parent or guardian cannot be contacted, appropriate action, per Chapter 234.02(2)(a), Florida Statutes, will be taken.)

Will your child require any special medication while on the field trip? _____ Yes _____ No
If yes, please explain: _____

Does the Health Assistant have this medication? _____ Yes _____ No
Please explain: _____

ADDITIONAL SPECIAL ACCOMMODATIONS NEEDED (i.e., bus with lift, etc.) _____

FIELD TRIP LUNCH: Place a check mark next to one of the options.

Buy Lunch _____ \$1.85 full price Elementary Meal /40¢ Reduced price Meal / \$0 for Free Meal/ \$3.00 Adult Meal
_____ \$2.10 full price Secondary Meal /40¢ Reduced price Meal / \$0 for Free Meal /\$3.00 Adult Meal

Bring Lunch _____ No Lunch Needed _____

Please select a Field Trip Lunch Preference (if student/adult is purchasing a field trip lunch)

A. Deli Sandwich Lunch _____

Includes: Turkey & Cheese Sub, Apple Slices, Baby Carrots/ Dip, Cookie, 100% Fruit Juice Box & Choice of Milk

B. Peanut-Butter & Jelly Lunch _____

Includes: Crustless PB&J, Cheese Stick, Apple Slices, Baby Carrots/ Dip, Cookie 100% Fruit Juice Box, & Choice of Milk

(Select One) Milk Choice: White _____ Chocolate _____ Strawberry _____

(Parent/Guardian Signature)

(Date)

White: Cafeteria

Yellow: School
An Equal Opportunity Agency

Pink: Parent