



## *Glen Park Big Blue After School and Summer Programs*



### **EXCEL AFTER SCHOOL & SUMMER PROGRAMS FIELD TRIP PERMISSION FORM AND WAIVER**

With your permission, your child will participate in a field trip with the ExCEL After School Program administered by **SFARTSED**. Such trips are always under the supervision of **SFARTSED** After School/Summer Program staff and all precautions are taken to ensure each student's welfare.

Student Name: \_\_\_\_\_

Field Trip Location and Address: Summer Camp: Monday through Thursday - various locations

The trip will depart from and return to: **Glen Park Elementary - 151 Lippard Ave**

Field Trip Dates: **June 11th - June 29th, 2018.**

Departure: **12:30pm (some days may be earlier - will be posted on the calendar)**

Return: **4:45pm**

Trip Description:

**Visiting parks, museums, and other attractions throughout the City of San Francisco.**

Class or group(s) attending: **All Summer Camp attendees**

Number of Students: **Each group will travel in groups of 20 - 25 campers.**

Items Student Should Bring:

**Students should wear comfortable walking shoes. A light jacket and layered clothing is recommended. Backpack and water bottle. Snacks are a good idea.**

Names of teacher(s), staff, coach(es), chaperone(s): **All camp program leaders**

Transportation:

**We will be walking and taking MUNI. If your child has a MUNI card, please be sure to bring it. If no card, please bring \$2.00 for buss fare.**

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| <ol style="list-style-type: none"><li>1. I understand these field trips are optional and attendance by my child is not required. If I choose for my child to not participate, I will pick up my child up by 12:30pm.</li><li>2. I understand that all students going on this trip will be responsible in conduct to the bus driver(s), to teachers, and, if applicable, adult sponsors at all times.</li><li>3. I understand that all field trips begin and end at the Program Site and that all students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to in writing by the Site Coordinator.</li></ol> |
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**Please complete important additional information on the following page**

**AUTHORIZATION TO TREAT MINOR:** In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

**PARENT/GUARDIAN SECTION: MUST BE COMPLETED**

Print Name(s) of **STUDENT**: \_\_\_\_\_

Print Name(s) of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Work/Cell Phone: \_\_\_\_\_

Parent/Guardian Work/Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Physician/Health Insurance Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Student's Critical Medical Needs/Allergies/Conditions: \_\_\_\_\_

**I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to participate in the trip described above.**

**Date:** \_\_\_\_\_

**Parent /Guardian Signature:** \_\_\_\_\_

**CHAPERONES:** If agreement has been reached with the camp supervisor, and I chaperone students on this trip, I will comply with all of SFARTSED requirements pertaining to the chaperoning of students.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

Site Coordinator's Signature: \_\_\_\_\_