

# Falls City School F.A.C.E.S. Field Trip Permission Slip

**Your student will be attending the field trips as a part of the F.A.C.E.S. after school program. All field trips will be from 9a.m.-3p.m. unless otherwise noted. This permission slip is for 2<sup>nd</sup> quarter field trips.**

- **November 18<sup>th</sup> – Sunrise Tree Farm (Philomath)**
- **January 13<sup>th</sup> – Falls City Businesses and Historic Homes Tour (Falls City)**

-----DETATCH AND RETURN BOTTOM PORTION-----

I give permission for my child \_\_\_\_\_ to participate in this activity. I understand and agree that the Falls City School District is responsible for reasonable supervision of my child. I understand that the trip will be under the supervision of a Falls City School District Staff member, and that regular school rules are to be observed by students at all times during the trip or activity. In the event that emergency medical treatment for my child is necessary, the responsible school district employee has my permission and authorization to approve and sign any medical forms necessary for the treatment of my child if I cannot reasonably be located when my child requires medical assistance or treatment.

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____	Phone _____
My Name _____	My Phone _____

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Bus transportation is available to and from the program. K-12 participants will depart from the Elementary School at 9:00 on Friday morning.

How will your child arrive to school the morning of the field trip?

*(Please check the appropriate box)*

- Bus
- Walking or Parent drop-off?

How will your child be dismissed from the school after the field trip at 3:00?

*(Please check the appropriate box)*

- Bus
- Walking or Parent pick-up