

Example

526395
Rev. 2/07

High School Parent/Guardian Permission for Field Trips
Department of Instruction
Lincoln Public Schools
Lincoln, Nebraska

To the parent/guardian of _____
The Infants & Toddler sponsored by Way will be taking a field
(grade, class, activity) LSMO
trip to Child Care on wed + Fri, 2012 between the hours of 1st
P/OK

Transportation for this trip will be by: myself - other students

Additional information about return to school:

- Student will return to school prior to regular dismissal.
- Student will return to school, be dismissed at _____, and must provide their own transportation home.
- Students will go by private automobile, be dismissed at the field trip site, and must provide their own transportation home.

No student is required to participate in field trips which are not taken in school buses.

My son/daughter has permission to participate in the above-described field trip.

Parent Signature

Date

BELOW MUST BE COMPLETED IN ORDER FOR A STUDENT TO DRIVE TO A FIELD TRIP

PERMISSION TO DRIVE TO A FIELD TRIP

Students are not permitted to be the driver to a field trip without a statement, signed by the parent, that the automobile driven meets the minimum required liability insurance. The primary insurance coverage will reside with the driver, not Lincoln Public Schools.

The insurance on the car the student will be driving complies with state law, which is not less than \$25,000 for one person, \$50,000 for more than one person and \$25,000 property damage. Please attach a copy of your current insurance card to this form.

_____ has permission to drive a car and to transport other students if needed.

Parent signature

Date

GENERAL GUIDELINES FOR OBSERVERS

- Concentrate on listening and seeing
- Be objective and sensitive
- Record accurately
- Remain inconspicuous while recording
- File observations as directed
- Use observations to improve aid to child
- Observe professional ethics (confidential nature of records)
- Identify child; name and age
- Include your name, date, time, and place of observation
- Do not talk to other observers
- If a child talks to you, answer briefly, go back to work
- Do not laugh aloud at things children do
- Record your feelings separately from the observation
- Write the why and what of the observation
- Do not sit on children's equipment
- Be aware of the total situation

EQUIPMENT NEEDED:

- Pencil
- Clipboard
- Forms
- Extra paper

PARENT PERMISSION FORM FOR OUT OF SCHOOL TRAVEL

As parent/guardian, I give permission for my child to participate in the activity noted below. I understand that this is an off school premises activity and that Lincoln Public Schools staff will be supervising this activity. I understand that transportation will be provided by the means noted below and give permission for my child to travel in this manner. In addition I give permission for the person noted under Emergency Medical Authorization to act on my behalf should it become necessary for my child to receive emergency medical care.

Parent Signature: _____ Date: _____

Activity: _____ Date: _____

Student Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number with area code: _____

Emergency Medical Authorization: _____

Emergency Phone Number: _____

Name: _____ Number: _____

Health Insurance Company: _____

Policy Number: _____

Deductibles/Co-pay: _____

Please list any special medical conditions that emergency staff need to know: example: allergies to medications: _____

Travel for the activity is as follows: _____