

Northland Preparatory Academy

3300 E. Sparrow Ave. Flagstaff, AZ 86004 (928) 214-8776

Trip Release

Destination: Phoenix
Departure Day & Date: 12/6/18 7:00am
Return Day & Date: 12/6/18 6:00pm
Type of Transportation: Van Walk Private Vehicle
Money Needed: Yes No Estimated Amount \$ 20.00
Name of Sponsor: 8th Grade
Departure Time: 7:00am
Return Time: 6:00pm

Signature of Staff Member in Charge

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Administrative Approval (Signature Required)

PARENT SECTION: Please read completely

Parents, please fill out the section below:

I, the undersigned parent/guardian of _____, who attends Northland Preparatory Academy, grant permission for the above student to attend and participate in all aspects of the above named field trip or activity.

_____ I understand that student participation in Northland Preparatory Academy's trips and events is contingent upon academic and behavioral eligibility. Grades will be checked every second week to determine eligibility for NPA trips and events. Students participating in NPA events may be declared ineligible if they receive two D's or an F during a bi-weekly grade check.

_____ If private vehicle, I authorize my child to ride with a staff member or adult only.

Except in the case of negligence, I agree to release, absolve, indemnify and hold harmless, Northland Preparatory Academy, the Board of Directors, any NPA employee and /or adult chaperone for any liability for any and all harm arising to my child as a result of this trip/activity. In case of injury, I waive all claims against them or appointed by them. In the event of an emergency, I give permission to the sponsor(s) in charge to seek medical attention for my child. I understand that this permission will be only used in the event that I cannot be reached.

Parent/Guardian Signature Date

Parent/Guardian Name (Please Print)

Home Phone # _____

Work # _____

Cell # _____

5/5/16 ck,forms,fieldtrip

Lunch provided. Bring snacks!
Please return permission slip and \$20.00 to homeroom teacher by 10/19

Emergency Contact Name (Please Print) _____

Emergency Contact Phone #'s _____

Primary Health Insurance: _____ ID # _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS PAGE FOR MEDICAL INFORMATION

My child has the following allergies:

My child takes the following medications:

Medication: _____	Dosage: _____
Medication: _____	Dosage: _____
Medication: _____	Dosage: _____
Medication: _____	Dosage: _____

***Please place a check mark** by the medications that are housed at the reception desk and that you would like to accompany your child on the field trip or activity.

***Please place a circle** around the medications that you will send in with your child on the day of the field trip or activity.

Please note that high schoolers (grades 9-12) will be responsible for carrying their own medications.

Please note that middle schoolers (grades 6-8) will have their medications carried by an adult sponsor or chaperone attending the field trip or activity.

Please write any special information that you feel will be helpful for the adult sponsor(s) and/or chaperones:
