

Parent Permission Form for Field Study Activities

Student Name: _____

School: Mill Creek Academy

I/We, the parents/guardians of the student named below, have been informed of the activities planned for the field study to: (If visiting multiple locations, list all.)

Universal Orlando 8th Grade Grandventure on May 2, 2025
(DATE)

Time to Leave: 1:30pm Return: 2:30am

This field study includes a supervised water activity: Yes _____ No

Charter Bus at a cost of \$ 230

(Mode of Transportation)

We understand in times of national emergency or any other time when it is in the best interest of the health, safety and welfare of students and employees, the School Board may revoke its approval assuming no liability for reimbursement of costs or expenses incurred by the cancellation of any activity.

I/We hereby grant permission and give my/our consent for my student to (1) be treated by any qualified nurse, physician, or surgeon as may be deemed necessary by the District, its agents, servants, or employees during the activity; (2) be administered medication and/or emergency first aid care as may be necessary or appropriate; and (3) receive treatment in hospitals, medical offices, or elsewhere in the event of accident or illness. To assist in that medical care or treatment, I/we represent that the medical information supplied on the Medical Information Form is true and accurate. The District, its agents, servants, or employees are not responsible for acts or omissions of third parties as a result of securing medical care. I/We will hold the District and its agents, servants, or employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of or the lack of medical or emergency treatment rendered to my student.

In the event that a student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

My student requires medication and/or non-emergent medical attention: YES _____ NO _____

If yes, you must complete the Medical Information Form (obtained from the activity supervisor) and provide an Authorization to Assist in the Administration of Medication/Treatment form signed by both the parent/guardian and the physician ordering the medication, if not already on file in the school clinic.

Signature of Parent/Guardian

Date

Cell Phone

Work Phone

Home Phone

Emergency contact if parent is unavailable

Phone

Family Physician

Phone

Health Insurance Provider

Policy#

Medical Information Form

(Required for any student requiring medication or medical attention)

Student's Name: _____ Date of Birth: _____

Health Insurance Provider and Medical Plan # _____

Parent/Guardian's Name: _____ Contact Number(s): _____

Doctor's Name & Phone Number: _____

Emergency Contact Name & Phone Number: _____

List any ailments, disabilities or problems involving your child which may affect her/her participation.

Allergies (Food) _____ Allergies (Seasonal) _____

Asthma _____ Diabetes _____

Epilepsy _____ Other _____

Information sponsors should be aware of:

1. Unusual reactions or allergies to medication? _____

2. Special care needed while on activity? _____

3. Special instructions to medical personnel if emergency care is needed? _____

4. Significant health problems? _____

An employee trained to administer medication must accompany students needing prescribed medication during field study hours. All medications (prescription and over-the-counter) must have an Authorization to Assist in the Administration of Medication/Treatment form signed by both the parent/guardian and the physician ordering the medication, if not already on file in the school clinic. All medications must be received in the original container with the current Rx label including student's name, dosage, frequency of administration, physician's name and expiration date of the medication (the expiration date on the pharmacy label, not on the medication box, will be the expiration date). Over-the-counter medications must be in the original, unopened container. EXCEPTION: Students at the middle and high school level may carry a non-prescription, non-emergency medication on his/her person while in school with written permission from the parent/guardian. A copy of the signed permission form must accompany the stated medication at all times.

Name and purpose of medication: _____

How it will be given: _____ Time to be given: _____

Parent/guardian's signature: _____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the activity supervisor provide treatment for my child named above.

Parent/guardian's signature: _____

Date: _____

RETURN THIS PAGE, SIGNED AND COMPLETED, ALONG WITH PAYMENT OF \$230, THE PERMISSION SLIP, AND THE MEDICAL FORM TO YOUR 1ST PERIOD TEACHER BY FRIDAY, FEBRUARY 21, 2025.

Parent, please initial for each of the following:

_____ I understand the expectations of this letter.

_____ I understand that my child will NOT be with a chaperone or teacher in the parks. My child will be required to be always in a group of at least three students and will check in with teachers at the designated check in time.

_____ I understand that I will need to pick up my child, at Publix at Parkway Village of St. Augustine (170 Vlg Comns Dr.) at approximately 2:30 am

_____ I understand that students will not be allowed to attend the trip who have served two or more days of ISS or OSS resulting from more than one incident, or a level 3 or 4 offense as per the Code of Conduct for the district. This applies to the 2nd semester only. I also understand that I will NOT receive a reimbursement, nor will I be allowed to sell my child's ticket to another student!

_____ (parent signature)

_____ (student name, please print)

_____ (student homeroom teacher, please print)

_____ I am interested in chaperoning this trip at a cost of \$230, if room is available for chaperones. (DO NOT send in payment at this time.)

Please provide the cell number that your child will have with him/her on the field trip. Please include area code. _____

Please chose the size of your t-shirt. **AXXL or AXXXL t-shirts cost an additional \$2**

T-Shirt Size (circle one) - YL AS AM AL AXL

T-Shirt Size (circle one) – AXXL AXXXL



8th Grade Gradventure Pre-Trip Behavior Contract

It is required that all students attending the 8th Grade Gradventure trip meet certain academic, behavior, and attendance standards. Please read, sign, and return this required form to the glass lounge by **January 13, 2025**.

- Participants must be passing ALL core subjects (ELA, Math, Science, Social Studies, and Intensive Reading (if enrolled) with a 60% or higher by April 14th, 2025.
- Participants must have no more than 5 unexcused absences from January 13, 2025, until the date of the trip.
- Participants must exhibit model behavior by following the MCA L.E.A.D. expectations.

Unacceptable behavior resulting in any of the following consequences during the school year may result in removal from the trip:

- Any Level 3 or 4 Offense
- Out of school suspension
- More than 2 instances of suspension (OSS or ISS)

Students, please be aware of these guidelines and monitor your actions as you progress through each school day. It is not the intention of the school administration or faculty to limit the attendance on such a positive end-of-middle school experience. Instead, it is our intention to encourage students to be successful in their academic and behavioral pursuits.

Parents, should the need arise, we will notify you if your child's status changes due to poor academics, attendance or behavior. *Due to pricing being dependent on the number of participants, if your child's status changes and they are not able to attend due to attendance, behavior, or grades, you will NOT be reimbursed what you have paid toward the trip.*

Student Name (Print): _____ Date: _____

Student Name (Signature): _____

Parent Name (Print): _____ Date: _____

Parent Signature (Signature): _____