



## ACTIVITY PERMISSION SLIP

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_

Please sign and return this permission slip along with any required fees as soon as possible. Any child who does not have a completed permission slip and fees (if required) will be required to stay at school and will be given assignments by their teacher to complete during the class field trip.

Date of Field Trip: \_\_\_\_\_ Destination of Field Trip: \_\_\_\_\_

Address (full): \_\_\_\_\_

Phone Number of Field Trip Location: \_\_\_\_\_

Time of Departure From School: \_\_\_\_\_ Expected Time of Return to School: \_\_\_\_\_

Fees Required (and what this covers): \$ \_\_\_\_\_ (You may pay with CASH, CHECK OR CREDIT CARD)

Date Fees Must Be Returned to School: \_\_\_\_\_

Other Special Needs (special clothing, sack lunch, materials, etc.) \_\_\_\_\_

**Parents Complete This Section** ↓ **(do not separate form)**

I permit my child (name) \_\_\_\_\_ to go with RMAE to the scheduled school activity detailed above. I understand that she/he will be transported by: \_\_\_ school bus \_\_\_ parent vehicle \_\_\_ walking

**Parent Authorization for child to participate in field trip.** \_\_\_\_\_  
(Please Sign Here)

### AUTHORIZATION & CONSENT TO TREAT A MINOR

Pursuant to Colorado Civil Code

The undersigned do hereby authorize Rocky Mountain Academy of Evergreen Personnel or such substitute as he/she may designate as agent for the undersigned to consent to X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for

\_\_\_\_\_  
Name of Child

which is deemed advisable by and to be rendered under general or special supervision of any physician and surgeon licensed under the Provision of Medicine Practice Act or any dentist licensed under the Dentist Practice Act, whether such diagnosis or treatment is rendered at the office or said physician or dentist, at a hospital, or elsewhere.

This authorization will remain effective while the above minor is in route to or from or involved or participating in the event listed above, unless revoked in writing by the undersigned and delivered to the aforementioned agent.

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

\_\_\_\_\_  
Date