



ELECTIVE ACTIVITY PERMISSION SLIP

Student Name _____ **Grade** **6-7-8**

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: August 2018- May 2019

Field Trip To: Today's classrooms extend beyond the physical limits of a room and our teachers recognize the value of taking students on field trips. Your child may be involved in a variety of activities, which involve the student taking walking field trips in the immediate area near the school. Activities could include students walking to Elk Meadow, biking around the neighborhood, going on a nature walk with their teacher or other similar activities during the 5th hour elective class (11:44am-12:33pm). For all of these activities, proper footwear and clothing are needed and following the instructions of the adult supervisor(s) would be expected behavior. Rather than send home a permission slip for each smaller venture, we are asking your cooperation in reviewing this annual permission form, which will cover all neighborhood activities that do not require transportation by vehicle. There will be adult supervision for every walking field trip.

Time of Departure From School: 11:44am **Expected Time of Return to School: 12:33pm**

Parents Complete This Section ↓ (do not separate form)

I permit my child, (name) _____, to go with RMAE to the scheduled school activity detailed above.

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 car 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