

FIELD TRIP FORM

I, _____, am the parent or legal guardian of _____ (hereinafter "my child"), and am informed of the activities offered by Aspen Creek Academy located at 6500 West Coal Mine Ave, Littleton and State of Colorado, beginning on the day of ____/____/200__ , and ending on the day of ____/____/200__.

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in the field trip to_____.

Additional Information:

My child is to be ~~excluded~~ from the following activities:

Medication that the above-mentioned minor is required to take will be turned over to the adult representative in charge of the group. Type of medication and specific Instructions (all appropriate documentation and authorization will be attached):

Allergy, including reactions to medication: _____

Additional information that the adult representative should be aware of:

Parent/Guardian Signature _____ Date _____

Emergency Contact Name: _____

Emergency Contact Number: _____