

FIELD TRIP PERMISSION SLIP

SCHOOL: _____ TRIP DATE: February 24, 2020

GRADE/CLASS: _____

PLEASE NOTE THE FOLLOWING REGARDING THE FIELD TRIP:

Where: State Capitol – Tallahassee

Activity: Civic engagement training, and mock legislative sessions.

Departure (Time): 6:30am (Location to be provide)

Return (Time): TBD

Person(s) in Charge:

Donna L. Davis, Program Director Real Talk Coalition for Education Equity - donna@realtalkfl.com

1. I have been informed of the details of this educational field experience.
2. My child has my permission to participate in this supervised field experience.
3. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Organizers, its officers, directors, and agents, and any other representatives associated with the event from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness, or injury or cost of medical treatment in connection therewith.
4. This field experience is considered as schoolwork and will be conducted as a regular class.

I GIVE PERMISSION FOR _____ TO TAKE THE FIELD TRIP TO:
(Student's Name)

FLORIDA STATE CAPITOL IN TALLAHASSEE

THIS TRIP IS PLANNED TO EXTEND A UNIT OF STUDY WITHIN THE SCHOOL CURRICULUM.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND AGREED TO THE ABOVE AND THAT WE HAVE YOUR PERMISSION TO TAKE YOUR CHILD ON THIS FIELD EXPERIENCE.

Parent or Guardian Signature: _____ Home

Phone: _____ Work Phone: _____

Address: _____

Person to contact in an Emergency: _____ Emergency

Phone #: _____