

A.P. 6153 – STUDENT TRIPS Attachment 3 - Permission Slip

BOARD OF EDUCATION OF PRINCE GEORGE'S COUNTY

School:	Chesapeake Math	n and IT Academy North High Schoo	Date:	April 1, 2022
Dear Pare	ent(s):			
This is to i	nform you that the	Chesapeake Math and IT Ac		High School is planning
a field trip	toWa	shington DC - Nationals Game (destination)	on	June 17, 2022 (date)
The spons	soring teacher for the	s trip is Jessica Cunning	and Tamr	ny O'Donnell
Students in the school	se of this trip is to ntending to participal on the date of the t	Go <u>vernment. They will do an outdoor walking</u> ate in said field trip are expected to	a tour and scavenge assemble at —	11:00 am (time)
	ation to and from the	a field trip destination will	ay Transport	ation and Chesapeake Charter
	o each participating	(total cost)	the amount of \$	(deposit)
May 13	, 2022 _{and the re}	emaining balance of \$(balance)	is due on	or before May 13, 2022 (date)
Kindly mal	ke payments to the ents for this trip.	ONALT NIII- III		ch is handling all of the
liability for arrangement student tri	the failure of any ents, failing to issue p. *You should also	travel agency or other source ha refunds, in whole or in part, to the	ving assumed students origin ly be non-refun	y shall assume no responsibility or the responsibility of making travel ally anticipated to participate in the dable if your son/daughter cancels said trip in his/her place.
student be desirous o	denied the opportu	nity to participate in a Field Trip for	reasons on ina	of Prince George's County that no bility to pay. Accordingly, if you are ble to pay therefore, please call me
*This field	trip will be funded in	n part by Board of Education school	ol budget funds.	
Sincerely,		<u>Suppl</u>	emental Inform	ation:



A.P. 6153 – STUDENT TRIPS Attachment 3 - Permission Slip (CONT'D)

RETURN THIS COMPLETED FORM TO YOUR CHILD'S SCHOOL

School: Chesapeake Math and IT A	cademy North High School	_{Date:} April 1, 2022			
I/We hereby give permission for our son/daugh	to participate in the				
field trip to Washington DC - Nationals Gam		9th - 11th Grade			
field trip to Washington DC - Nationals Gam (destination)	(date) (cla	ss, group, organization)			
being sponsored by					
	(sponsoring teacher)				
I/We hereby certify that the information to which this permission slip has been attached has been read by me/us.					
Parent's Signature		Date			
Enclosed: \$	II	NSTR 1			
Emergency	Medical Treatment Authorization				
Parents or Guardians (Please print):					
1.	Phone (w):	Phone (c):			
2.	Phone (w):	Phone (c):			
Emergency Contact: (if parents can't be	reached)				
1.	Phone (w):	Phone (c):			
Student Health Information 1. Does your child currently have a Prescriber's Medication Order Form on file to Yes □ No □					
1. Does your child currently have a Prescriber's Medication Order Form on file to Yes □					
receive authorized medication at school? A Prescriber's Medication Order Form and mediperescription medications (not administered at schools prior to field trips.		five (5)			
2. Does your child have any allergy, disease	e, handicap, or other conditions?	Yes □ No □			
3. Does the above restrict any activities? If,	Yes □ No □				
4. Is your child covered by hospitalization ar	Yes □ No □				
Name of Insurance Carrier:					
Family Physician (Name and Phone):					
Dentist (Name and Phone):					
NOTE: In a serious emergency, your son/daughter may have to be taken to the nearest hospital emergency oom. Should such action be necessary, you will be notified as soon as possible and will be responsible for any charges incurred. The school has no funds to meet the bills resulting from care, which is sought outside the school setting. It is important that you understand that your signature on this card does not give the hospital permission to treat your son/daughter.					

Parent/Guardian _____