



Sarasota Academy of the Arts

4466 Fruitville Road, Sarasota, FL 34232

Telephone: (941)377-2278 FAX: (941)404-4492

Field Trip Information

Instructions:

Complete this form and return it to the school. It must returned to the school before your student will be allowed to participate in this activity.

The Emergency Medical/Treatment Field Trip Consent Form must be on file at the school before your student will be allowed to participate in this activity. A copy of that form shall accompany this sheet with the classroom teacher/coach or interscholastic activity sponsor.

Cecilia R. Bloukenski 2/22/17
Signature of Principal Date

Grade/Class: 3rd + 4th Grades

PURPOSE: TO Rehearse "Alice In Wonderland"

DESTINATION: Glenridge Performing Arts Center

TIME/DATE OF DEPARTURE: 8:30 AM, Monday, May 8, 2017

TIME/DATE OF RETURN: 3:15 PM, Monday, May 8, 2017

LEAVING FROM: SAA

RETURNING TO: SAA

MEANS OF TRANSPORTATION: All Around Charter Bus

MEAL ARRANGEMENTS: Pack a Lunch to Eat at Glenridge

COST TO STUDENTS: 0

COST TO CHAPERONES: 0

Field Trip Permission

I, _____ (parent/guardian) give my permission for _____ (student's name) to participate in the field trip to (destination) _____ on (date) _____.

Phone number where I can be reached during this field trip: _____

SPECIAL MEDICAL PROBLEMS OF WHICH CHAPERONES SHOULD BE AWARE:

I realize that any activity that takes place away from the controlled environment of the school setting may present a higher risk of injury to my child. I also understand that this activity may be cancelled due to changing state, national or international conditions. I assume responsibility for any personal financial loss related to such a cancellation. In consideration for permitting my child to participate in this field trip. I release the Governing Board of Sarasota Academy of Arts, its employees, and agents from all claims, judgments, costs, or other expenses including attorneys' fees, resulting in any way from participation in the field trip described above.

Signature of Parent/Guardian

Date

* I would like to chaperone _____ (Print Name)