



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 Blankenship 1/24/17
Signature of Principal Date

Grade/Class: Advanced Chorus
PURPOSE: To Perform at the Sarasota County Fair
DESTINATION: Sarasota County Fairgrounds
TIME/DATE OF DEPARTURE: 4:45 PM on Friday, 3/24/17
TIME/DATE OF RETURN: 7:45 PM on Friday, 3/24/17
LEAVING FROM: SAA
RETURNING TO: SAA
MEANS OF TRANSPORTATION: Sarasota County School Bus
MEAL ARRANGEMENTS: On Own
COST TO STUDENTS: Students will receive one free Fair Pass
COST TO CHAPERONES: 2 Free Fair Passes for Parents.

Field Trip Permission

I (parent/guardian) give my permission for (student's name) to participate in the field trip to (destination) Sarasota County Fairgrounds on (date) 3/24/17.

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