Mesa/Gilbert Campus

San Tan Charter School
Field Trip Waiver and Permission Agreement

To participate in this field trip please complete this form and return to the school

Due no later than 1/28/2019

Destination Cost: $30.00

All Payments are Non-Refundable

Destination Address: (Elementary Math League Competition (3rd – 8th))
Gilbert Classical Academy 1018 N. Burk St., Gilbert, AZ

Departure Date/Time: Monday, February 4, 2019 12:45 PM
Return Date/Time: Monday, February 4, 2019 5:30 PM

******Each attendee will need to bring:** Lunch/Snacks, water bottle, calculator, & pencils.

******IMPORTANT INFORMATION**

All attendees must be current STCS students. **Please wear your STCS Math Team shirts if possible and closed toe shoes.** All attendees MUST ride the school bus to and from the event.

Student Name: _____ **Grade/Teacher:** _____

Parent/Guardian Name(s): _____

Phone #(s): _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to San Tan Charter School, its staff and volunteers, chaperones, or representatives associated with this event to transport my child to a hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy No.: _____

MEDICATIONS: My child is taking medications at present. My child will bring all such medications as necessary, and such medications will be used labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequencies of dosage are as follows:

1) Medication Name: _____ Dosage Use: _____
2) Medication Name: _____ Dosage Use: _____
3) Medication Name: _____ Dosage Use: _____

Allergies: _____

Additional Medical Conditions: _____