



**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 – 6th)
Gilbert Classical Academy 1016 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 even 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 necessary, and such medications will be well 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: _____