



**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 10/09/2019**

**Destination Cost: \$30.00**  
***All Payments are Non-Refundable***

**Destination Address:** High School Math League Competition (9<sup>th</sup> – 10<sup>th</sup>)  
14388 N. 79th Ave (Centennial High School) in Peoria

Departure Date/Time: Saturday, October 26, 2019 12:00 PM  
Return Date/Time: Saturday, October 26, 2019 6:00 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 San Tan Mathlete shirts.*  
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:** \_\_\_\_\_