

ESCUELA DEL SOL  
JR. EL SPRING TREK PERMISSION FORM

Dear Parents,

The Jr. Elementary classes will be taking a field trip to **Cottonwood Gulch Base Camp from May 11-13<sup>th</sup>, 2022**. We will leave Escuela at 8:30am on Wednesday, May 11<sup>th</sup> and plan to return by 3:30pm on May 13<sup>th</sup>.

\_\_\_\_\_ Check here if your child will need Extended Day care after the Trek on Friday, May 13<sup>th</sup>.

Please complete the following and return it to school no later than **Tuesday, May 3rd**. Children cannot participate in this excursion unless this form has been returned.

Staff of Cottonwood Gulch will be driving vans and mini-busses. Parents must provide a booster seat for your child if required by law. All drivers will have current driver's licenses and proof of insurance.

Class Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Day Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_

I hereby give consent to Escuela del Sol Montessori to take my child on the above field trip, with the understanding that such trips are under the supervision of authorized personnel of the school, and that all possible precautions will be taken to ensure the safety and health of my child.

I agree to release Escuela del Sol Montessori from responsibility for accident and injury to my child while s/he is on this field trip, except as shall be covered by the insurance carried by the school.

If we cannot reach you in the event of an emergency, we will take your child to an emergency room at a local hospital where s/he may be cared for. The school or staff will be absolved of any charges or liability.

Name of Family Doctor or Medical Facility to call in case of emergency:

\_\_\_\_\_ Phone \_\_\_\_\_

I give my permission for Emergency Medical Transportation and Treatment.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_