



**FIELD TRIP-Recurring Form
Parent/Guardian Permission for a Field Trip and Authorization For Medical Care**

** In order to limit the number of times you must fill out our standard CHAMPS Permission Slip, we ask you to now fill out once for the school year for CHAMPS to keep on file. You will now receive a one-page document to sign per event. If there are any changes to your medical or contact information, we ask you to make adjustments to the CHAMPS Master Field Trip form located on the champscharter.org website under the "Parents" tab on the top, right side of the home page.*

While your child is enrolled in CHAMPS, he/she will be involved in a number of special activities for which we need your permission. Please read the following information carefully. You are encouraged to ask questions about anything which is unclear to you. You, of course, have the option of withdrawing permission at any time.

To CHAMPS Basketball parents/players

(Student's name) _____, has my permission to participate in the field trip to:

STAPLES CENTER on (date/s) 11/10/14.

Departure 5pm Return 10:30pm

Method of Transportation () Walking () Bus (x) Private Auto (please fill out appropriate student or chaperone driver form)

Meals: () Meal Provided (x) Student should bring lunch () Meal Order Form () Student will be at school during lunch

I agree to direct my child to cooperate with directions and instructions of **CHAMPS faculty** and volunteers in charge of the activity.

(Parent/Guardian Signature) _____

(Student Signature) _____

Date _____

Should it be necessary of my child to have medical care while participating in this trip, I hereby give the CHAMPS faculty permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by CHAMPS faculty to render medical care deemed necessary and appropriate by the physician. I understand that CHAMPS has no insurance covering such medical costs or hospital costs incurred by my child, and therefore, any cost incurred for such treatment shall be my sole responsibility.

(Student's name) _____

(Home address) _____

(Contact Phone Number) _____

(Parent/Guardian Signature) _____

(Student Signature) _____

Date _____

Please check box if there is a change in the following, and make changes in Champs Master Field Trip form:
Contact information () Medication & Medical Care () Insurance ()

NEW Information:

EVENT NAME CLIPPERS VS SPURS.

Field Trip Donation Form



We are asking that each family/student donate \$ 20 to cover the cost the event and transportation, however no student will be denied the right to attend.

Students and parents/guardians are also required to fill out appropriate Field Trip Release forms. Students that chose not to attend, will stay at school and attend their regular classes. Students must also be academically eligible to attend.

First & Last Name:

FORM DUE BY: 10/24

THANK YOU FOR HELPING THE SCHOOL PROVIDE ENRICHING AND EDUCATIONAL FIELD TRIPS FOR YOUR STUDENT.

Total Amount Attached: _____ (**\$ 20 Suggested Donation**)

I would like to sponsor another student, I have a donated \$ _____

Please attach exact cash or check made payable to: "Champs Charter"