



Mountain Lake Public Schools

450 12th Street, P.O. Box 400

Mountain Lake, MN 56159

Mountain Lake High School Phone: 507-427-2325 Option 4

Mountain Lake Elementary School Phone: 507-427-2325 Option 2

www.mountainlake.k12.mn.us

Discovery Preschool Field Trip Permission Slip 2023-2024

I hereby grant permission for my son/daughter/ward _____ to participate in the excursions planned by the school for educational purposes. I understand that our permission is to remain effective for the school year, August through June, provided that we do not notify the school of any changes.

Transportation for this activity will be provided by the school district. All field trips will begin and end at the school and students are required to go and return from this event on the transportation provided unless, prior written arrangements have been made and submitted to the supervising staff member to dismiss students to parents or guardians at an alternative location.

I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, when situations or problems are not reasonably within the control of the supervising teacher or staff (including volunteers).

I understand that all students participating in this trip will be responsible in conduct to the driver and to the teachers or adult sponsors at all times.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher or staff person to attend to my son/daughter/ward. If the injury warrants further medical attention, I expect every effort will be made to contact us/me to receive our/my specific authorization before action is taken. If efforts to contact us/me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give our/my permission to the supervising teacher or staff to take our/my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return to Mountain Lake independently for reasons of health, accident, failure to conform to rules established by the teacher or persons in charge, I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

!! SIGN & DATE THE BACK !!

I certify that if my child requires medication, I understand that I am obligated to ensure that the medications and the Medication Authorization Form are on record in the nurse's office. If ordered the physician, an EpiPen must be provided for all field trips.

Student Name (please print) Parent or Guardian signature Date

Home Phone Work phone Cell phone

Name of medical care provider:

phone: _____

Alternative emergency contact:
Name: _____ phone: _____
Relationship to student: _____

Please check below *if* your child has sensitivity to:
Bee Sting Nuts Dairy Latex Other _____

Required medications: _____

Please check below *if* your child has:
Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition

Required Medications:

Other medications: _____