

Chattahoochee Tech Field Trip

March 29, 2019

Parents and Students,

PJHS will be traveling to Chattahoochee Technical College here in Jasper on Friday, March 29, 2019. Students will have the opportunity to interact with professors and engage in interactive science games and experiments. These experiences will highlight possible career pathways available to our students as they progress in their education. Students will also tour the campus.

When: March 29, 2019

Leaving: 7th Grade will visit from 9-11 AM

8th Grade will visit from 11:30 AM-1:30 PM

Students attending must return these two forms completed to receive permission to go on the trip as well as indicate what they will do for lunch on Friday.

Student Name: _____

Homeroom Teacher: _____

Lunch will be slightly different on Friday. Students have three options. Please check one:

1. Chick-Fil-A boxed lunch (\$10--must be paid with exact cash @ Chatt. Tech) _____
2. Purchase a sack lunch from PJHS Cafeteria _____
3. Pack a lunch from home _____

**FIELD TRIP/BUS PERMISSION SLIP &
FIELD TRIP MEDICAL AUTHORIZATION FORM**

The undersigned, as a natural parent(s) or statutory guardian(s), I give my permission for my child, a student at Pickens Junior High School, to participate in the scheduled educational field trip to Chattahoochee Tech on (date) 3-29-19 and travel by school bus transportation, which will be furnished by the Pickens County Board of Education. I understand that while my child travels from the school, while my child is on the field trip, and while my child is being returned to school following the field trip, my child is under the authority of the principal and teachers while traveling.

Student Name (please print): _____

Parent or Guardian (please print): _____

Signature: _____ Date: ____/____/____

Daytime Phone Number: _____ Evening Phone Number: _____

MEDICAL RELEASE FORM In the event of an emergency during a field trip, I give my permission for _____ to be treated at a hospital/clinic/doctor's office. My child's physician is: _____

Insurance Company: _____ Policy Number: _____

Parent Signature: _____ Date: ____/____/____

Emergency Phone #1: _____ Person to Contact: _____

Emergency Phone #2: _____ Person to Contact: _____

Medical information of importance: _____

Allergies: _____

Medication taken daily at school: _____

Homeroom Teacher: _____