

**Howard County Schools**  
**PERMISSION SLIP FOR FIELD TRIP**  
**School Name: JEFFERS HILL ELEMENTARY**

|                         |                         |               |                    |
|-------------------------|-------------------------|---------------|--------------------|
| Destination:            | Maryland Science Center | Teacher Name: | Meghan Tranter     |
| Departure:              | 11/16/2018 9:20 AM      | Return:       | 11/16/2018 2:00 PM |
| Mode of Transportation: | JC Bus Co.              |               |                    |
| Additional Information: | Bag Lunch               |               |                    |

Admission Cost: \$ 16.00                      Miscellaneous Cost \$ 0.00                      Total Cost: \$ 16.00

*Please fill in the bottom portion and return to school with any payment indicated above*

Objective of trip: **Curriculum Match** Class/Group: 1<sup>st</sup> Bus Company: **JC Bus Co.** Checks payable to: **JHES** Due Date: **11/9**  
Meal Arrangements: **Students must pack bag Lunch or purchase on from school cafeteria** Appropriate Attire: **Regular School**  
Anticipated Ratio of Chaperones to Students: **1:8** There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact Teacher-In-Charge as soon as possible if you have any special needs regarding the trip.

|  |      |      |         |                        |
|--|------|------|---------|------------------------|
| Name of Student: <i>(Please Print)</i>         |      |      |         | DOB:                   |
| Name of Parent/Guardian: <i>(Please Print)</i> |      |      |         |                        |
| Parent/Guardian Physical Address:              |      |      |         |                        |
| Parent/Guardian contact numbers: (home):       | (h): | (w): | (cell): |                        |
| Alternative emergency contact name:            |      |      |         | Relationship to child: |
| Alternate emergency contact phone #'s:         | (h): | (w): | (cell): |                        |

Health Insurance Information (including company and policy/group information): \_\_\_\_\_

**Medical Information and Release**

Dear Parents:

The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please contact the Teacher-In-Charge.

If you can chaperone, please check the box at the bottom and provide contact information. Please complete the bottom portion of this form, detach and return with cash or check to the Teacher-In-Charge. Howard County Public School System (HCPSS) is now offering Online Payment for School Activities (OSP). Please visit the OSP website: <https://osp.osmsinc.com/howardmd> to pay for student school fees by debit or credit card. The HCPSS Finance Office has contracted with the Envision Payment Solutions, Inc. for the electronic collection of check payments. If the check is returned unpaid, Envision Payment Solutions, Inc. will assess a \$35 fee allowed by Maryland state law and charged as an electronic fund transfer.

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

This trip will be:  Student Day     Extended Day     Overnight     Non School Day

If the trip returns after the regular school day, the parent will pick up the student at the school within 15 minutes of return.

Alternate plans in case of postponement of cancellation:

I grant permission for (print student name) \_\_\_\_\_ to go to (destination) \_\_\_\_\_  
Maryland Science Center on (date) 11/16/2018. I recognize that the Howard County Public School System cannot be held responsible for conditions beyond their control.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I am available to chaperone and accept the duties and responsibilities of the position.

Chaperone Name:

Chaperone Signature:

Chaperone Phone Number:

Chaperone Email: