



Permission Slip for Overnight Class Trip

Grade: 5 / Teacher: Mrs. Bratcher

Journey School's overnight trips occur once per year in alignment with curriculum, offering students an opportunity for deepening of their studies. The trips are a rite of passage and the catalyst for developing strong friendships. They also fortify character traits as students face their fears and work together as a team.

We are excited to offer the 5th grade class an overnight experience at the Catalina Island Environmental Leadership Program (CELP).

TRIP: Catalina Environmental Leadership Program
LOCATION: Catalina Island
DEPARTURE: October 23, 2017
RETURN: October 25, 2017
COST: \$320
CHAPERONE COST: \$170 (Teacher to select chaperones)

INITIAL DEPOSIT: \$160 DUE September 9th
BALANCE DUE: October 1st
CANCELLATION DATE: Oct. 1st

PAYMENT: Please attach a check payable to Journey School, or pay online at www.JourneySchool.net. Payment arrangements are available online. See reverse for refund policy. Families in need: To request a partial scholarship, please email gcorbett@journeyschool.net

CUT AND RETURN LOWER PORTION ONLY

My child, _____, has permission to attend the event with Journey School on _____
(Student Name, first & last)

the dates noted above. I assume all responsibility for my child and release from liability all employees and agents of Journey School and all other sponsoring organizations.

HOLD HARMLESS CLAUSE: I agree that Journey School, its Council, staff and volunteers are hereby relieved of all liability in the event of accident or injury to said minor.

MEDICAL RELEASE: In the event that I cannot be reached in an emergency, I give permission to the physician selected by Journey School to hospitalize, secure proper treatment for, and to make any necessary decisions regarding anesthesia for surgery for my child as named above. I hereby give my permission to the physician selected by Journey School to order x-rays, routine tests and treatment for the health of my child.

Phone number where you can be reached during the event: _____

Emergency contact name & phone number: _____

Does this child take medication daily: YES _____ NO _____ Type & Dose: _____

Does this child have any medical concerns? _____

Initial: _____ I have read and understand the refund policy on the back of this form.

Parent/Guardian Signature: _____ Date: _____

PLEASE COMPLETE AND RETURN THIS FORM BY SEPTEMBER 9th

OFFICE USE: Grade: 5 / Teacher: BRATCHER / Trip: Overnight / Dates: 10/23-25/17



Overnight Class Trip Refund Policy

All initial deposits are non-refundable. If a child is unable to attend at the last moment through illness, then a refund of cost can be given upon receipt of a doctor's certificate. The initial deposit remains non-refundable. If a child/parent changes their mind or moves school and withdraws from the trip then no refund can be given. Charges are made by providers upon receipt of the first deposit so the school will be charged in full for the place reserved.

Please retain the top part of this form for your records.

~*~ PLEASE COMPLETE AND RETURN THIS FORM BY SEPTEMBER 9th ~*~

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