

**RUTH HARMAN ACADEMY**  
**FIELD TRIP PERMISSION SLIP**

(Sign and return to school by Wednesday, April 30th, 2025)

WHO: Seventh Grade  
TEACHER(S): Jennifer White and Tristen Cassens  
WHERE: Schaumburg, IL  
WHAT: Medieval Times  
WHEN: Thursday, May 29th, 2025 TIME: 8:30 a.m. - 2:00 p.m.  
TRAVEL: First Student Bus Company  
COST: There is a \$47.00 fee per student.  
FOOD: A Medieval dinner is provided as part of your field trip. A vegetarian meal is available.  
*Health Alert: This is a live horse show in an enclosed arena. Persons with respiratory conditions, allergies or asthma attend at their own risk. Show includes the use of stroboscopic and pyrotechnic effects.*

\*\*\*\*\***(cut here)**\*\*\*\*\*

**Student Name:** \_\_\_\_\_

*I give permission for my son/daughter to participate in the May 29th, 2025 field trip to Medieval Times. In the event of serious illness or accident, I give permission for my child to be sent by rescue squad to the emergency room. I understand that I, as parent/guardian, am responsible for the cost of the service rendered.*

**Note: \*A Medication Administration Form completed by doctor and/or parent must be completed for any medication to be given at school or on field trips. Forms are available outside the school office.**

X \_\_\_\_\_  
**Parent/guardian signature**

Date: \_\_\_\_\_

I may be reached at the following phone numbers in case of illness or injury:

<b>Parent/guardian (1) Home:</b> _____ <b>Work:</b> _____ <b>Cell:</b> _____ <b>Name:</b> _____	<b>Parent/guardian (2) Home:</b> _____ <b>Work:</b> _____ <b>Cell:</b> _____ <b>Name:</b> _____
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<i>For Overnight Field Trips Only</i>		
<b>Medical Insurance Carrier:</b> _____	<b>Policy #:</b> _____	<b>Phone #</b> _____

In the event I/we cannot be reached, please contact the following responsible adult:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**My child has the following pertinent health concerns:**

- |  |   |                                       |                                 |
|--|---|---------------------------------------|---------------------------------|
| <input type="checkbox"/> No health problems  | <input type="checkbox"/> Seizures                 | <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart condition: _____  | <input type="checkbox"/> Severe allergy to: _____ |                                       |                                 |
| <input type="checkbox"/> Motion Sickness   | <input type="checkbox"/> Severe Migraines         | <input type="checkbox"/> Other: _____ |                                 |
| <input type="checkbox"/> Difficulty walking-any special care needed: _____                           |   |                                       |                                 |
| <input type="checkbox"/> All medication needed to be administered during length of field trip: _____ |   |                                       |                                 |

\_\_\_\_ I will chaperone (please print), \_\_\_\_\_. Chaperones need a background check on file with KUSD at least two weeks prior to May 29th. Only three chaperones per 7th grade class will be able to attend. I understand I will need to send in a payment of \$53.00 to cover the cost of my participation once it is confirmed that I am chaperoning.

\_\_\_\_ Please order my student a vegetarian meal. \_\_\_\_ Please order a vegetarian meal for me.

(No vegetarian meals can be ordered after permission slip due date of Wednesday, April 30th, 2025.)