

Teachers: send home with students for parental permission for fieldtrip.

Gimel Field Trip #2: Peking Drummers @ UNM Popejoy Hall (Asia trip)

Solomon Schechter Day School of Albuquerque
5520A Wyoming Blvd. NE
Albuquerque, NM 87109
Phone (505) 232-2325 Fax (505) 232-3422

PERMISSION TO PARTICIPATE / AUTHORIZATION FOR MEDICAL SERVICE

This form is to be filled out completely and returned to the teacher or sponsor before the student is allowed to go on a field trip.

I give permission for _____, who attends
(Student's Name)

Solomon Schechter Day School, to participate in the activity described below:

Peking Drummers @ UNM Popejoy Hall Mon, Jan. 30, '12
Brief Description of Activity Date of Activity

parent/guardian chaperones (4/ proper clearance)
Describe type of Transportation

9:15 a.m. 11:45 - 12:00 p.m.
Est. Time of Departure Est. Time of Return

⊕
\$5.00
and
a
sack
lunch
and wear
SSDS
shirt

The parent/guardian recognizes that field trips involve some degree of risk and that Solomon Schechter Day School of Albuquerque cannot guarantee the safety of participants. Knowing of this risk, the parent/guardian grants permission for the student to participate.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By signature below, the parent/guardian hereby authorizes emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. A copy of this permission form will accompany the teacher during the field trip.

Emergency Contact Information-Please Print Clearly

_____ Parent's Name	_____ Home/Cell Phone	_____ Work Phone
_____ Parent's Name	_____ Home/Cell Phone	_____ Work Phone
_____ Name of Another Emergency Contact/Relationship	_____ Home/Cell Phone	_____ Work Phone

I agree to the statements above.

Parent's Signature Date

→ please return completed and signed by Friday, Jan. 27. thank you.

Teachers: send home with students for parental permission for fieldtrip.

Gimel Field Trip #3: "Mufaro's Beautiful Daughters" (Africa trip)
Solomon Schechter Day School of Albuquerque
5520A Wyoming Blvd. NE
Albuquerque, NM 87109
Phone (505) 232-2325 Fax (505) 232-3422

PERMISSION TO PARTICIPATE / AUTHORIZATION FOR MEDICAL SERVICE

This form is to be filled out completely and returned to the teacher or sponsor before the student is allowed to go on a field trip.

I give permission for _____, who attends
(Student's Name)

Solomon Schechter Day School, to participate in the activity described below:

"Mufaro's Beautiful Daughters" @ UNM Popejoy Hall Tue, Feb. 7, '12
Brief Description of Activity Date of Activity

parent/guardian chaperones (w/ proper clearance)
Describe type of Transportation

9:15 a.m.
Est. Time of Departure

11:45 p.m. = back for lunch @ school
Est. Time of Return

⊕
\$5.00 for tickets
and wear SSDS shirt

The parent/guardian recognizes that field trips involve some degree of risk and that Solomon Schechter Day School of Albuquerque cannot guarantee the safety of participants. Knowing of this risk, the parent/guardian grants permission for the student to participate.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By signature below, the parent/guardian hereby authorizes emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. A copy of this permission form will accompany the teacher during the field trip.

Emergency Contact Information-Please Print Clearly

_____ Parent's Name	_____ Home/Cell Phone	_____ Work Phone
_____ Parent's Name	_____ Home/Cell Phone	_____ Work Phone
_____ Name of Another Emergency Contact/Relationship	_____ Home/Cell Phone	_____ Work Phone

I agree to the statements above.

Parent's Signature Date

→ please return by Wed., Feb. 1st