

BENITO JUAREZ COMMUNITY ACADEMY

FIELD TRIP PARENT/GUARDIAN RELEASE FORM

Field Trip to University of Illinois @ Urbana - Champaign

Date (s) 3/1/2016 Time 7 AM — 4:45 PM

Teacher Alfonso Diaz ; Mauricio Dominguez

I give permission for _____,
(Student Last Name) (Student First Name)

Of Division/Advisory _____ to participate in this fieldtrip.

I authorize school personnel to act for me in any emergency, accident or illness and release the Board of Education of the City of Chicago, It's officer's, member's, employee's agents and or volunteers from any liability or claims arising out of or any way connected with participating in this trip.

Parent Name _____

Parent/Guardian Signature _____

Address _____

Day Phone Number _____

Emergency Phone Number _____

PLEASE INDICATE ANY MEDICAL NEEDS WHICH SCHOOL PERSONNEL SHOULD BE AWARE OF DURING THIS TRIP _____

CLASSROOM TEACHER APPROVAL

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____
- 9.) _____
- 10.) _____

• Form is Due on: Friday, February 26th