



(715)378-2263 - www.solonk12.net

SCHOOL DISTRICT OF SOLON SPRINGS

8993 E Baldwin Avenue - Solon Springs, WI 54873

Field Trip Permission Form School District of Solon Springs - 2024-2025

Dear Parent or Guardian,

Staff in the Solon Springs School District plan educational experiences away from the school building during the course of the school year. It is our policy to notify parents about these experiences and to require permission from parents to take children on these trips. This form will be kept on file and be used for each of those field trips during the school year. Parents will receive prior information about each field trip. You are free to inform the teachers if you have reservations about your child participating in a particular activity.

Sincerely,

Anne Kriskovich
Springs School Principal

I understand the nature of the school activity in which my son/daughter will be participating and that he/she is expected to abide by all school regulations during the course of the activity. I hereby give my permission for him/her to participate in the described activity(s). In the event of an accident, illness, or any other circumstance requiring medical treatment, I authorize treatment to be initiated at any medical facility to which my son/daughter has been transported. I further agree that if my son/daughter receives medical treatment and/or is hospitalized, his/her name shall be released to school district officials upon district's request.

EMERGENCY CONTACT PERSON(S)

TELEPHONE NUMBERS:

THIS FORM AND THE EMERGENCY FORM SHALL BE KEPT BY THE TEACHER/ADVISOR/CHAPERONE DURING THE FIELD TRIP AND A COPY LEFT AT THE SCHOOL OFFICE.

SIGN HERE

Student's Name: _____ **Grade:** _____

The above student has my permission to participate in school approved and supervised field trips during the 2022-2023 school year. I understand that I will be notified before each field trip about the purpose, destination and time of each field trip.

SIGN HERE

Date _____ **Signature of Parent/Guardian** _____

SMS Approval

I understand that the School District of Solon Springs will utilize an SMS message system provided by RingCentral for teachers and coaches to communicate to students/families through the text messages. I will explicitly indicate that I want to participate in this system by selecting the following option.

SIGN HERE

(Please check) I would like to participate in the SMS message system provided by RingCentral for use by the School District of Solon Springs.

SIGN HERE

Signature of Parent/Guardian _____