

**Capitol Rocks!
Permission Slip**

Dear Parent,

On _____ the 4th grade classes will be traveling to Austin to visit the State Capitol and Georgetown to visit Inner Space Cavern with a nonprofit educational organization, Education in Action. Your child will need to be at the school at ____:____ a.m. on _____ and will return to the school at 8:30p.m. The cost of the program is \$____.____ and includes admission, round-trip charter bus transportation, curriculum, snacks, lunch, dinner, a group picture, program souvenirs, and a t-shirt. The t-shirt provided needs to be worn on the day of the program. Students should also wear tennis shoes as we will be doing a lot of walking and climbing stairs. (Please no flip-flops.)

Your child will need to bring three disposable drinks for their meals. Drink containers must be no more than 17 ounces.

Please read the following Education in Action rules. If you have any questions, please consult your child's teacher as they have been in contact with Education in Action concerning the expectations and curriculum for the program.

1. **Charter Bus Behavior** - For the health and safety of each participant, Education in Action requires each teacher, chaperone and student to have their own seat and remain seated at all times. No loud noises and/or voices are allowed. Participants will sit in their color groups on the bus with the adult leader(s).
2. **Drugs, Alcohol, Tobacco** - The use or possession of tobacco, alcohol or non-prescribed medications is strictly forbidden at all times for all participants.
3. **Leaving the Group** - Under no circumstances may a teacher, chaperone or student leave the scheduled program. Do not schedule any independent activities for the day.
4. **Guests** – Due to the limited amount of time allotted for each site, visitors are not permitted.
5. **Other Children** - A scheduled chaperone may not bring other children to the program. Full attention is to be directed to the students they are responsible for.
6. **Dress Code** – Students, teachers and chaperones must follow the school's dress code. Education in Action requires that all students wear the program t-shirt provided by Education in Action.
7. **Cell Phones** - Cell phones are not permitted at any site.
8. **Electronics** - Music devices and tablets are not allowed.
9. **Nametags** - Students are required to wear nametags at all times throughout the program.
10. **Pocket Knives** - Anything that could be considered a weapon is not allowed.
11. **Teacher/Adult**- All adults must be assigned to a student group and actively participate.
12. **Large Ice Chests** – No large ice chests are allowed. Small personal coolers are permitted if they fit in the overhead bin or under the seat.
13. **Backpacks** – No backpacks are allowed on the program.
14. **Refunds** – No refunds can be made after three weeks prior to our school's scheduled field trip

This checklist will help you prepare for the Capitol Rocks! program:

- Students need to bring the following items:
 - Wear assigned color t-shirt (provided by EIA)
 - Name tag (provided by EIA)
 - Drink bag (provided by EIA)
 - Three disposable drinks to have with their lunch, snack, and dinner (maximum size for each drink is 17 ounces)
 - Jacket (temperature inside buildings may be cool)
 - Medications, if applicable
 - Optional: Camera, extra film and batteries
- Label jackets, camera, bags and other personal items you plan to bring.
- Get plenty of rest the night before leaving.

I give my permission for my child, _____ to travel to Austin/Georgetown and visit the State Capitol and Inner Space Cavern.

Please circle your child's t-shirt size and sandwich choice:

T-shirt: YM YL AS AM AL AXL A2XL A3XL

Sandwich: Ham Turkey Grilled Cheese Mushroom Melt

(Parent Signature)

(Date)

MEDICAL INFORMATION SCHOOL NAME: _____

Parent/Legal Guardian must complete this section. This information will be provided to the attending physician in the event of a medical emergency and will accompany the Education in Action employee assigned to your program.

Student's First Name _____ Last Name _____

Date of Birth _____ Age _____

Parent/Legal Guardian _____ Phone # _____

Emergency Contact _____ Relationship to student _____

(Someone other than at home address)

Emergency Contact's Day Phone # (____) _____ Night Phone # (____) _____

Insurance Company _____ Phone # (____) _____

Street Address _____

City _____ State _____ Zip _____

Name of Subscriber _____ Group or ID # _____

Student's Physician _____ Physician's Phone # (____) _____

Physician's Street Address _____

City _____ State _____ Zip _____

Please check any of the following conditions that apply to the student:

- Allergies Asthma Hypoglycemia
 Diabetes Seizure Disorder Reactions to any medications
 Recent illnesses Presently taking medication Other _____

Please provide a detailed description of any conditions you noted above or any other conditions of which we should be aware, including special dietary needs and descriptions of any treatment and/or medications you may require. Please attach an additional sheet if necessary. _____

Date of last Tetanus Booster ____/____/____

Does the condition of your health require that special arrangements be made? Do you need assistance or special medication in order to be totally mobile or independent? Please indicate below so that we are able to assist in the coordination of any special arrangements that may be helpful. If you answer "Yes" to any of the items below, please use the space provided to explain the type of assistance that would be needed. Please attach an additional sheet if necessary.

Physical Disabilities No Yes Assistance Needed _____

Psychological Problems No Yes Assistance Needed _____

Hearing Impairment No Yes Assistance Needed _____

Vision Impairment No Yes Assistance Needed _____

Is there any other reason why the participant would need special assistance, facilities or arrangements? If so, please specify. Please attach an additional sheet if necessary.

Yes or No. Special needs _____

Education in Action encourages participation by physically challenged students. To help us best accommodate these students, coordinating teacher needs to call Education in Action for more information and to discuss particular needs before the school attends the scheduled program.

SCHOOL NAME: _____

EMERGENCY MEDICAL AUTHORIZATION

I, _____, the parent/legal guardian of _____, do hereby request, authorize, and give permission to Education in Action, or its duly authorized representative, to act on my behalf and in my stead, should my son/daughter complain of being ill, be injured or require emergency or other medical treatment, including hospitalization, during Education in Action's Experiential Learning Day Program. I understand that in the event that my son/daughter complains of being ill, or is injured during Education in Action's Discover Texas Field Trip, he/she will be taken to a hospital emergency room and examined by an emergency room physician. If the physician determines that my son/daughter does not require hospitalization but should not continue as a program participant, at the written direction of the physician, my son/daughter will be supervised on the bus or picked up by his/her parent/legal guardian. I expressly stipulate and agree that I will be solely responsible for all expenses incurred and will release and hold harmless Education in Action, its officers, directors, employees, administrators, agents, successors and assigns from all claims, demands, damages, actions, or causes of action, present or future, whether known, anticipated or unanticipated, and resulting from, rising out of, or incident to Education in Action's actions pursuant to this authorization.

Signature of Parent or Legal Guardian Date