

NEWMAN INTERNATIONAL ACADEMY OF ARLINGTON

Field Trip Permission Slip

Your child's class will be attending a field trip to: _____

Date		Time	
Location			
Cost			
Transportation			
Notes			

Please be sure to pack a disposable lunch **OR** you may include \$_____ for your child to purchase a meal from _____.

Please return this permission slip by: _____

I give permission for my child _____ in class _____
to attend the field trip to _____ on _____
from _____ to _____
Enclosed is \$ _____ To cover the cost of the trip (Exact cash or check made payable to school.)
Enclosed if \$ _____ To cover cost of Lunch (if NOT packing disposable lunch.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Newman Academy

FIELD TRIP PROTOCOL



PRIOR TO DEPARTURE FOR FIELD TRIP

- The campus nurse should be notified at least **TWO DAYS** in advance to field trip, including planned departure and return to campus times.
- Send a list of **all** students attending the field trip, in case the staff member is not aware that a certain student takes medications.
- Staff person in charge of giving medications on the field trip, should be the person that comes to the nurse's office to get students medications, so that any special instructions and medication logs can be given to the staff person at that time.
- Medication should be picked up at least **15-30 minutes** before leaving on field trip, but not earlier than prior dose is to be given.

DURING FIELD TRIP

- Medications should be carried by designated staff member only, unless student is authorized to self-medicate with emergency medications, such as asthma inhalers, insulin, glucometer for measuring blood glucose, EpiPens, etc.
- Medication logs must be maintained, with the date and time given, and the initials of the person that gave the medication.
- If a problem or question arises, please contact campus nurse, or call parent or 911, according to student's emergency action plan, if there is not a school nurse.

RETURN TO CAMPUS

- Medications, medication logs and permission slips should be returned to school nurse, by the designated staff member as soon as the students have returned to campus.
- Do not keep medications unsupervised, in the classroom or overnight.





NEWMAN
INTERNATIONAL ACADEMY

Refusal of School Sponsored Transportation

I, _____, refuse the transportation provided by
Parent/Guardian Name
Newman International Academy for my child, _____, in the
Student Name
_____ grade, to attend the _____ field trip. I will
Student Grade *Field Trip Destination*
make my own transportation arrangements for my child to and from the destination.

I hereby absolve Newman International Academy from any liability or responsibility related to the travel arrangements that I provide for my child.

Parent/Guardian Signature

Date

Note: Any parent who doesn't want their child to ride the bus **MUST** complete this form. Teacher will keep this form for documentation. A copy may be provided to the parent upon request.



School/Office use only
School Personnel _____
Date Approved _____

Volunteer Application

This is a: New application ☐ Renewal ☐

Legal Name: _____
First M Last

Driver's License #: _____ DOB: _____ Gender: Male ☐ Female ☐

Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please check one: Parent/Guardian ☐ Grandparent/Relative ☐ Community Member ☐ other ☐

If you have children attending Newman Academy, please list them below:

Child's full name	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please check any of the following areas of interest for School Volunteer:

Field Trip Chaperone ☐ Classroom Aide ☐ Special/Seasonal programs ☐ Library Aide ☐

Recess Aide ☐ Office Aide ☐ Café Aide ☐ Booster Club ☐ International Day ☐ Security for events ☐ Field day ☐ Book Fair ☐ Parking lot duty ☐

Please check any of the following areas of interest for School PSC:

Luncheon for Teachers (back to school, Christmas, end of school) ☐ Yankee Candles ☐ Valograms ☐

Mother and Son event ☐ Daddy Daughter Dance ☐ Muffins with Mom ☐ Donuts with Dad ☐

Special/Seasonal programs/events ☐ Elementary Pool Party ☐ Veterans Day Event ☐ Secondary Pool Party ☐ Boohoo Breakfast ☐ Grandparents Lunch ☐

I hereby consent to and authorize Newman International Academy to obtain from the Texas Department of Public Safety, a criminal history record. I agree that information that relates to me may be obtained each year while I am a volunteer at the school or at such other times as is necessary to comply with the regulations governing the school with school policy. I understand that I am not guaranteed a volunteer position and NIA is not obligated to select me.

Signature _____ Date _____