

Nova Middle School Authorization Field Trip Form Take Your Child to Work Day

I, the undersigned, hereby grant my son /daughter / ward _____

Name of student
Take Your Child to Work Day

Permission to travel on a Nova Middle School's trip to: _____
Destination

Departure Time: 9:30 a.m. **Date:** Thursday, April 24, 2025
Return Time: 9:30 a.m. **Date:** Friday, April 25, 2025 **Due by:** Monday, April 21, 2025

By my signature to this statement of permission, I hereby release and hold harmless the above-named school and individual sponsor, including the teachers and principal, from all liability for mishap or injury to the student named herein from the time of departure to the time of return, and from all responsibility for the acts of such student during such trip.

Parent's / Guardian's Signature: _____

Teacher Acknowledgement

Period	Course	Teacher Signature
1		
2		
3		
4		

The form must be filled out, with appropriate signatures from teachers and parents. Form must be returned to Ms. Young in the front office before the deadline.

Activity packets are accessible on the Junior Achievement (JA) website, <https://tacw.ja.org/>.

EMERGENCY CONTACT

In case of emergency, I may be reached at:
 _____ Telephone No. _____

If I cannot be reached, please contact:
 Name of Establishment / Person: _____ Telephone No. _____

HEALTH / ACCIDENT INSURANCE

My child is covered by 24-hour student accident insurance or family insurance:

Insurance Company _____
 Policy Number(s) _____ / or I have attached a photo copy of my insurance identification card.

_____ I do not have insurance; however, I will pay any and all medical bills for emergency care of my child.

X _____
 Signature of Parent / Guardian