

SCHOOL DISTRICT OF SOLON SPRINGS

8993 E Baldwin Avenue - Solon Springs, WI 54873

TELEPHONE NUMBERS:

September 2, 2025

Dear Parent or Guardian,

Teachers 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. Because getting slips returned and verified requires a great deal of class time, we would like you to fill in and return the form at the beginning of the school year. It will be kept on file with the teacher's records and will serve as your permission for all 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.

Please fill in the requested information and return the form to your child's teacher or the office. If you have any questions about this, please feel free to call your child's teacher or the principal.

Sincerely,

Anne Kriskovich Solon Springs School Principal

EMERGENCY CONTACT PERSON(S)

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.

IMPORTANT MEDICAL INFORMATION THE TEACHER/ADVISOR SHOULD KNOW:

THIS FORM SHALL BE KEF TRIP AND A COPY LEFT AT	THE SCHOOL OFFICE.	SOR/CHAPERONE DURING TH	
Student's Name	Grade	pormission to participate in oc	noon approved
and supervised field trips d field trip about the purpose,	•	I year. I understand that I will ch field trip.	be notified before each
Parent Signature		Date	