All Nighter Permission Form

Dear Parent or Guardian,

Your child is going on a field trip... sort of! Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form by **Monday, November 7th**.

Field Trip Information:

Date: **November 9th - November 10th; 4 P.M. to 8 A.M.**

Location: **Chambersburg Area Career Magnet School**

Purpose: **Raise Funds for the CMS/CASHS Food Banks and Video Game Clubs of America**

Cost: **MUST FUNDRAISE $40 Minimum**

Cash or check payable to: **Career Magnet School Video Game Club**

Means of Transportation: **OWN**

Arrive school: **4 P.M.** Leave school: **8 A.M. (Next day)**

Special Instructions: **Students should bring their own video game consoles, sleeping bags and money for food. Students may leave and arrive school under permission to pick up things, as long as teacher knows about it and parents allow their children to drive to and from CMS.**

*Save this part of the form for future reference.*

*Cut here*-------------------------------------------------------------------------------------------------------------------- *Cut here*

*Sign this part of the form and return it to your child's teacher.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to attend a field trip to the **Chambersburg Area Career Magnet School** on November 9th-10th.

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive emergency medical

treatment.

In an emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information (Allergies, Concerns, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_