



Parental Permission for *Field Trip to the Capitol Theater*

As a parent/guardian of _____, I give my permission for their participation in the NOVA Middle School field trip to the **Capitol Theater**. The itinerary includes the following information:

- **Date: Friday, April 3, 2026 from 9:30-12:15**
- **Activity: Watch *October Sky***
- **NOVA staff will transport students via Intercity community vans and personal vehicles.**
- **Contact Person: Tiffany Price – 360-491-7097**

Medical Authorization:

I, the undersigned parent/guardians of _____, a minor, do hereby grant permission for the responsible adults supervising on this school field trip, as well as any hospital, physician, or medical provider, to provide medical treatment for my child if I am not readily available to give my consent.

I understand that this authorization applies only in the event of an emergency and that reasonable efforts will be made to contact me. I agree to hold harmless and release from any liability any supervising adult who authorizes such treatment, as well as NOVA Middle School, its agents and employees, for actions taken in good faith to secure emergency medical care for my child during their participation in this field trip.

I specifically inform NOVA Middle School and the responsible adults participating in this field trip that my child has the following special medical needs, allergies or dietary restrictions:

I acknowledge that I have carefully read the medical authorization above and have reviewed the itinerary. I give permission for my child to participate in this activity. I understand that my child is responsible for their behavior and that all school rules of conduct apply while participating.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____