



LUGGAGE SEARCH CONFIRMATION FORM

Dear Parent(s):

By signing below, parents certify that they have checked their son/daughter's luggage, bags and/or purses and are sure that no prohibited items, as stated in the Student Handbook, are contained therein.

Further, by signing below authorization is given for luggage, bags and/or purses to be searched by school administrators prior to departure. Please contact the Principal's Office in the event you have any questions or need additional clarification.

Parents please check off each item:

_____ Luggage should be labeled with the student's name.

_____ All tools are stored in appropriate kits.

_____ Shampoo, conditioner, mouthwash, etc. are in **original** containers.

_____ Beverages taken on the trip must be sealed in the **original** containers.

_____ Any movies taken should be "School" appropriate. Any movies can be held back from the trip as determined by the Administration

_____ My child will require medication during the field trip. **YES** **NO**

If you checked yes, you must fill out the attached Administration Of Medication at School Form signed by the parent/guardian and your medical provider.

_____ All medication, including, over the-counter medication **MUST** be in the **original** containers.

_____ **Completed medication forms must be turned in to the nurse 1 week prior to the field trip.**

Field Trip _____ Date (s) of Trip _____

Student Name (Print) _____ Program _____

Please be sure that your son/daughter brings this form with him/her to school by _____

Thank you,

Principal's Office

Parent Signature

Date

Parent Cell Phone Number

LCJVS Administrator