

FIELD TRIP PERMISSION SLIP

Date of Field Trip _____ Destination _____

Address/Phone # _____

Sponsor of Field Trip _____

Department/Class/Group _____

Method of transportation _____ Cost of trip _____

Time of departure _____ Time of return _____

Upon arrival students may be picked up at _____

Chaperones & cell phone numbers:

PLEASE DETACH AND RETURN THE BOTTOM PORTION OF THIS FORM.

Student's name: _____ has my permission to participate in the
_____ field trip on _____.

I am aware of the details listed above.

Date Parent's/Guardian's Signature

Return this slip to _____ By _____

Does your son/daughter have an allergy/medical condition that we should be aware of? Please explain _____

Will your child need medication with him/her for this condition? Yes _____ No _____

If yes, please contact:

Ms. Moran at 229-8734 ext 111 for trips from Mt. Everett.

Ms. Sweet at 229-8754 ext. 389 for trips from Undermountain.

Ms. Zucco at 229-8867 for trips from NMC, Monterey, or South Egremont.

A written medication order must be obtained from physician along with written permission from a parent for ANY MEDICATION to be given.

PARENTS' CONSENT FOR MEDICAL/EMERGENCY TREATMENT

I give authority to _____ staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified of such treatment as soon as possible:

Signature Relationship Date