

Weare Middle School Field Trip Permission

Trip Destination:

Date of trip:

Departure time:

Return time:

Cost:

Bring:

Additional Information:

Bottom of this form and your payment must be returned by _____

Please keep for your records

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Medical & Emergency Care Information

Student Name _____ Date of Birth _____ Teacher _____

Address _____ Home Phone Number _____

Parent Name _____

Parent can be reached today at the following phone number _____

Check all that apply:

Allergic to:

Needs to receive the following medication while on the field trip:

Name of medication: _____ Time to be given: _____

If taking medication on the field trip, I give permission for my child's teacher to obtain this medication from the school nurse.

You have my permission to assist/supervise my child in taking the medications listed above. I understand that a chaperone, teacher or other responsible adult designated by the principal *may* carry my child's medication. **In the event of an emergency or serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child's wellbeing while on the field trip.**

My child has permission to attend this field trip and I have filled out the emergency information requested. I agree to hold harmless the Weare Middle School and any of its employees from any claims for damages or bodily injury to my child arising out of his/her transportation to or from and participation in this field trip. I understand that all school rules will apply to all students while on this activity.

Parent Signature

Date

Date of the field trip