

ONE DAY FIELD TRIP • PERMISSION FORM

6

SCHOOL	Longmeadow High School
NAME OF FIELD TRIP	Physics at Six Flags
Date of Field Trip	5/31/2019
Alternate Date	
Destination(s) of Field Trip	Six Flags New England, Agawam MA
Departure Location	Longmeadow High School
Return Location	Longmeadow High School
Departure Time	9:45 AM
Return Time	2:15 and 4:15 pm

I have read the field trip permission sheet, including the policy on substance abuse, and discussed its contents with my child/ward. I agree to the terms set forth in this document.

Student Name:

Date of Birth: mm/dd/yyyy

Student's Cell Phone Number (Applies only to middle school and high school students. Cell phones use is allowed at the discretion of the individual school administrator's discretion)

I have received a copy of the itinerary for the events planned: Yes No

My child has a medical condition of which chaperones should be aware: Yes* No

If you answered yes to the previous question, please explain and if taking medication please provide the medication's name, dosage and time(s) the medication is taken.

I give permission to the field trip leader to discuss my child's health/medical condition with the school nurse. Yes, No

EMERGENCY MEDICAL AUTHORIZATION

The purpose of this form is to authorize the provision of emergency treatment for students who become ill or injured while traveling with their teacher/advisor. It is imperative the following information be furnished so that the student will be cared for properly.

Parent / Guardian Name:

Student Name:

Address, City, Zip Code:

Student's Physician / Office Phone Number

Student's Health Insurance Company / Policy Holder / Policy Number

BY SIGNING, I HEREBY GIVE MY CONSENT FOR:

1. the administration of any emergency treatment deemed necessary by a licensed physician or dentist,
2. the transfer to any hospital reasonably accessible, and
3. consent to release the medical information provided.

Designee for contact in case of emergency:

Designee's contact information: home / work / cell phone numbers

Parent / Guardian Name

Parent / Guardian Signature

Parent / Guardian's Home phone / cell phone number

NOTE: Please sign up for either the 2:15 pm return bus or the 4:15 pm return bus. My child will take the _____ bus back to LHS.