

Due by: Friday, Sept. 22nd

* First-come, first-served.

11th & 12th grade

ADMINISTRATIVE REGULATION

ADMINISTRATIVE REGULATION 6520B FIELD TRIP PERMISSION FORM

STUDENT NAME: _____ BIRTHDAY: _____ ID# _____

TEACHER(S): <u>Cayemberg, Schroeder, Preuss, Ekstrom, Harvey, Mogensen</u>
FIELD TRIP LOCATION: <u>Carthage College</u>
DAY/DATE: <u>Oct. 3 2023</u> TIME: <u>8:30AM - 10:30AM</u>
TRAVEL ARRANGEMENTS: <u>First Student Bus</u>
MEAL ARRANGEMENTS: <u>N/A</u>
TRIP COST: <u>N/A</u>
(Make checks payable to: _____)
ADDN INFO: <u>*All students must take the bus to and from the venue.</u>

I may be reached at the following phone numbers in case of illness or injury:

Parent/guardian (1) Home: _____ Work: _____ Cell: _____ Name: _____	Parent/guardian (2) Home: _____ Work: _____ Cell: _____ Name: _____	
<i>For Overnight Field Trips Only</i>		
Medical Insurance Carrier: _____	Policy #: _____	Phone#: _____

In the event I/we cannot be reached, please contact the following responsible adult:

Name: _____ Phone: _____

My child has the following pertinent health concerns:

- No health problems Seizures Diabetes Asthma
- Heart condition: _____ Severe allergy to: _____
- Motion sickness Severe Migraines Other: _____
- Difficulty walking-any special care needed: _____
- All medication needed to be administered during length of fieldtrip*: _____

Note: *A Medication Administration Form completed by doctor &/or parent must be completed for any medication to be given at school or on Fieldtrips.

Forms are available in School or Nurse's Office.

I give permission for my son/daughter to participate in this field trip.

In the event of serious illness or accident, I give permission for my child to be sent by rescue squad to the emergency room. I understand that I as parent/guardian am responsible for the cost of the service rendered.

X _____ DATE: _____

Parent/guardian signature

*As parent/guardian, I have completed this form accurately to the best of my knowledge.