

Johnson City Schools
Field Trip Permission Form

Science Hill High School
Melanie Riden-Bacon, Principal
Dr. Richard Bales, Superintendent of Schools

Student: _____ **DOB:** _____ **Grade:** _____

Important Contact Information: Mother's Name: _____ Phone: _____
Fathers Name: _____ Phone: _____
Other Contact Name: _____ Phone: _____

_____ is a member of the Science Hill's _____ and has my
(Student's name) (Organization)
permission to attend _____ to be held in _____ on
(Activity) (Location)
_____. I agree to the following:
(Date)

1. I have been provided with all necessary information regarding this field trip, including the purpose, date, approximate time of departure and return, travel plans, number of chaperones and personal expenses.
2. I understand that the teachers in charge of the classes proposing to make the trip will determine which students may participate, however, if a question regarding participation arises, the final decision will be made by the administration.
3. I understand that while on the field trip, student must remain with the group at all times. Written requests for alternative arrangements will be considered, but must be approved in advance of the trip.
4. Students must at all times abide by Johnson City Schools System's Code of Conduct, the Science Hill High School handbook for students and parents and the regulations of the teacher.
5. Emergency medications and physician orders currently at school may accompany student (ex. Epi-pen, diabetic kit).

Does student have the following?

Asthma: No () Yes ()

Inhaler will be needed and provided by parent/guardian to use on field trip? No () Yes ()

Instructions: _____

Severe Bee Sting Allergy: No () Yes ()

Epi-Pen and Benadryl will be needed and provided by parent/guardian to use on field trip? No () Yes ()

Instructions: _____

Diabetes: No () Yes ()

Insulin will be given at school by injection () self () or he/she is self dependent with Insulin Pump.

Instructions: _____

Food Allergy: No () Yes () Please list: _____

Epi-Pen and Benadryl will be given and provided by parent/guardian to use on field trip? No () Yes ()

Instructions: _____

Seizure Disorder: No () Yes ()

Medication given at home () on Field Trip ()

Instructions: _____

Medication Allergy: No () Yes () Please list: _____

Instructions: _____

Other Medical Condition(s): No () Yes () Please list: _____

Instructions: _____

Other Comments: _____

() I have read and agree to the above condition and hereby give my permission for my child to attend the listed field trip.

My child may receive emergency care and I agree to assume all expenses for moving and medical treatment. I consent to any treatment, surgery, diagnostic procedure, or the administration of anesthesia as may be necessary by the physician. (Life threatening situations only)

Parent/Guardian Signature

Date