

Field Trip Day Time/ Permission & Emergency Information

Nashoba Regional High School

Class/Group: _____ Destination: _____

Teacher/Supervisor: _____ Trip Date: _____

Student name: _____ DOB: _____

Address: _____ Tel: _____

Physician's Name: _____ Tel: _____

List Emergency Telephone numbers where you can be reached and the hours that you would be available at these numbers:

Mother _____ Father _____

Home _____ Home _____

Work _____ Work _____

Other _____ Other _____

Please notify the following person in the event that I cannot be reached in an emergency:

_____ At () _____

_____ At () _____

The above named student has a serious allergy that requires the use of an Epi-pen. YES ___ NO ___
Should the use of an Epi-pen be necessary, your child will be transported to the nearest hospital and a parent will be notified.

Student/Parental Permission

FOR THE STUDENT:

This is to certify that I understand that while on this school sponsored field trip, all school rules and policies are in effect. By my signature I understand and agree to abide by these rules and policies.

Student's signature: _____ **Date:** _____

FOR THE PARENT/GUARDIAN:

1. I hereby give my consent for the above named student to participate and attend all activities connected with this school sponsored field trip.

2. I give permission for a teacher to carry/administer my child's daily medication while attending a field trip.

YES _____ NO _____

3. I authorize the teacher, supervisor or school official in charge to act for me according to their best judgment in an emergency requiring medical attention when they are unable to reach me.

Parent's/Guardian's signature: _____ **Date:** _____

For the Staff: Please notify the nurse's office with the date and list of students attending the field trip at least 2 weeks in advance.