Please DO NOT copy on colored paper

Edwin 0. Smith High School
School Trip Permission Form

***Note to Parents or Guardians**: There are three sections to this form. Your signature at the bottom of this form indicates that you have read, understood, and agreed with the contents of the entire form.*

Section I

Student's Name:_____ Grade:_____ has my permission to participate in the school trip to:

(destination) _____ on *(date)*_____ .

**Departing E. O. Smith at_____. **Returning to E. O. Smith at _____.

Rain Date: _____ **_____ **(Parent/Guardian's Initials)**

Permission Slip Due Date: _____ Financial Contribution to the Trip: _____

Special Instructions: _____

Student has the following health concern or requires this medication: _____ . **I will notify the school nurse two weeks in advance of the trip,** and, if necessary, I will provide the medication to the nurse to be administered on the trip.

I give permission for my child to self-administer Acetaminophen Ibuprofen during this trip.

Please check one/both

Section II

In case of serious illness or injury, the student's parent or legal guardian will be contacted.

In the event of illness or injury and it is not possible for the hospital or school authorities to contact me, I give permission for any necessary medical intervention. In the event of an emergency, a student will be transported to a hospital or an appropriate medical facility.

Section III

My son or daughter has read the rules governing school trips for students as stated in the E. O. Smith Handbook Policy and Procedures Addendum, and he or she agrees to be cooperative and responsible while participating on the trip. All participants must be aware that all school rules and policies continue in place during the trip. Discipline will be administered to those students who are in violation of any school rule. In an extreme case of rule infraction, parents or legal guardians will be contacted immediately to make arrangements to pick up their son or daughter from the school trip location and assume all expenses involved.

Overnight Trips I have read the itinerary for the trip. I approve of my son or daughter's participation in the trip's activities.

I understand that Regional School District #19 is not responsible for purchased services (performance tickets, shows, transportation services, etc.) provided by other public or private agencies in conjunction with this trip. **The district will not be responsible for making refunds for services or goods not received because of unforeseen circumstances beyond the district's control.**

Signed: _____ **Date**: _____

Parent or Guardian

_____

Home Address (including street and town)

_____

Home Telephone Number *Work Telephone Number*

_____

Emergency Contact Person's Phone Number (Required)

_____

Medical Insurance Carrier and Policy Number (Required)