

Acton Public Schools
Acton-Boxborough Regional School District
Acton, MA

FIELD TRIP PERMISSION FORM

On March 3, the students in Statian Play
(date) (teacher)

class are planning a field trip to Leominster HS
(destination)

as part of a classroom unit on Festivals Play
They will leave school at 7:00 AM and return at 10:00 pm.

Students will be transported by Bus
and will be accompanied by 5 chaperones.

The cost of the trip will be Already paid \$75.00
participation fee

Make checks payable to:
 ABRHS Teacher: _____

(If the cost of the trip causes financial hardship, please speak with your child's teacher.)

Each student will need:
 Lunch arrangements extra clothing, etc. _____

Please retain this half for your information

- Please make sure you have filled in and/or signed the following sections:
- A. Permission to go on field trip
 - B. Parent/Guardian Contact
 - C. Field Trip Medications and Authorization
 - D. Medical Information Release Authorization

A. Field Trip Permission

_____ has my permission to go on the field trip
(Student Name)
To Leominster HS on March 3
(Destination) (Date)

(Parent or Guardian's Signature)
B. Parent/Guardian Contacts

Parent/Guardian #1 _____ Phone #1 _____
Parent/Guardian #2 _____ Phone #2 _____

C. Field Trip Medications and Authorization
If your child will need medication on THIS field trip, please check box(es) as needed.
IF YES TO ANY OF BELOW, NURSE MUST SIGN OFF ON FORM.

MEDICATION: _____
(to be given by teacher or adult designated by school nurse)

ALLERGIES _____
 Does your child use an EPI PEN for any reason? _____
 I give permission for my child to receive the listed medications on this field trip.

I give my permission for my ABRHS student to carry/administer his/her own medication (EPI PEN / Inhaler.)

(Parent or Guardian's Signature) _____ Nurse Sign off

D. Medical Information Release Authorization
I authorize the personnel in charge of this field trip to release the above information to medical authorities and to obtain medical care and/or hospitalization should illness or accident occur while my child is engaged in this field trip. I accept the responsibility for payment of any medical expense.

(Date) _____ (Parent or Guardian Signature)
This form should be retained by field trip personnel
Policy ID04: J1H

11/06
Have you remembered to:
Sign field trip permission?
Fill in parent/guardian contact information?
Fill in field trip medication and sign authorization?
Sign medical information release authorization?