



Six Flags New England



High School Field Trip

School date: **Monday June 12, 2017**

Drop off : **7:00 AM** **First Church of Christ (FCC)**, 10 Church St, Bradford, MA 01835

Pick up : **9:30 PM** **First Church of Christ (FCC)**, 10 Church St, Bradford, MA 01835

Student Transportation: Student and Teachers will take buses and BCA vans to and from Six Flags New England

****Students should bring a bag lunch or money to purchase food at the park****

Please Return: - This Form and your deposit of \$20 must be returned by **Friday May 5**.
 - Remaining balance of \$30 by **Friday May 19**.

*Checks payable to **BCA**. All Forms/Checks can be given to the Main Office at the high School Office*

Six Flags New England June 12th

Medical & Emergency Care Information



Student Name _____ Date of Birth _____ Grade: _____

Address _____

Parent/Guardian Name _____

Parent/Guardian can be reached on the day of the field trip at the following phone number(s):

1) _____ 2) _____

Check all that apply:

☐ None

☐ Allergic to: _____

☐ Significant medical conditions and treatment: _____

☐ Needs to receive the following medication while on the trip: _____

Name of medication and Dose: _____ Time to be given: _____

If taking medication on the field trip you must check one below:

☐ Parent / guardian will deliver medication from home supply to the school

☐ Teacher should obtain this medication from my child's supply kept by the school nurse

I, the parent/guardian, authorize the school administrator to direct members of the school staff to assist/supervise my child in taking the medications listed above, and I agree not to hold liable, any member of the school staff or an individual of official capacity who is directed by me and the school administrator to assist my child in taking said medication. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. In the event of an emergency or serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child's well being while on the field trip.

My child has permission to attend the Six Flags New England trip June 9, 2016. I have completed the emergency information requested above (*for your child's safety, all information requested must be provided in order for your child to attend*).

Parent / Guardian Signature

Date

Pd _____
