

High School Field Trip - Permission Form



School date: **Friday, Sept. 22, 2017** Cost/child: **\$20.00** Checks payable to: **BCA**

Drop off at First Church of Christ, 4 Church St., Bradford: 9:15am

Pick up at First Church of Christ, 4 Church St., Bradford: 3:00 pm

Chaperones: Brian Indrelie; Monica Romig; Jessie Robie; – you may contact Brian Indrelie at 978/335-4505 for any emergencies during the field trip, thank you.

Student Transportation: Students and Teachers will take buses to and from the Harvard Semitic Museum.

Lunch Options (Select one):

- Option 1: Student will bring a bag lunch to eat after museum tour
- Option 2: Student has purchased lunch via Mama G's Catering, which will be handed to them on day of the field trip
- Option 3: Student will purchase their own lunch at Mr. Bartley's Burger Cottage (\$20.00 is recommended for your student to have an adequate lunch.)

This form and your payment must be returned by: **Thursday, September 14, 2017**



Harvard Semitic Museum – Friday, Sept. 22, 2017

Medical & Emergency Care Information

Lunch Option Selected:

- Bagged Lunch
- Mama G
- Mr. Bartley's Burger Cottage

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

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 Harvard Semitic Museum field trip **September 22, 2017** and I have completed the emergency information requested above (*for your child's safety, all information requested above must be provided in order for your child to attend*).

Parent/Guardian Signature

Date

Pd _____
