

High School Field Trip - Friday, September 22, 2017
Permission Form



School date: **Friday, September 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: 3:00pm

Chaperones: Larissa Laver; Jesica Chaya; Sally Teague; Alexander Burgess; Doug Osterloh; Lindsay MacNeil; Megan Berger; Andrew St. Germain – you may contact Mr. Burgess @987/489-941 for any emergencies during the field trip, thank you.

Student Transportation: Students and Teachers will take buses to and from the Museum of Fine Arts Boston.

****Students should bring a bag lunch to eat at the museum – if students have already purchased lunch via Mama G's Catering, she will have bag lunches ready to go for them that day****

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

Museum of Fine Arts – Friday Sept. 22nd, 2017



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) _____

Medical Information

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 MFA field trip **September 22nd, 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 _____
