

Permission Form
Black Light Dance
6pm to 10pm

School date: **Friday, October 27, 2017** Cost/child: **\$10.00** Checks payable to: **BCA**

First Church of Christ, 10 Church Street, Bradford, from 6pm to 10pm

Harvest themed games, music, dancing, black light paints, light snacks, and more!

Chaperones: Megan Berger and other BCA Faculty & Staff (TBD)

This form and your payment must be returned by: October 25th, 2017

*Please **save the top** portion for your records and **return the bottom** portion to the main office, thank you!*

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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 **Black Light Dance** field trip **October 27th, 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 _____
