



STUDENT PERMISSION SLIP

STUDENT PERMISSION SLIP FOR:
THE SOARING TO SUCCESS: EARLY COLLEGE "TAKE-OFF" STUDENT SUMMIT

SCHOOL: _____

A field trip has been planned that will serve as an enrichment experience for those students participating. The trip will serve as a preparatory/follow-up activity to enrich a regularly scheduled part of the instructional program. Students will not be allowed to make the trip unless parental permission is granted and agree to pick the student up from the return destination. The school system is responsible for students based on the laws of the state of Massachusetts. In the event that an accident happens, medical assistance should be sought immediately. The parent will be contacted, and medical charges will be assigned to the parent or guardian. The behavior of our students as it relates to a field trip is of critical importance. Students are always expected to be on their best behavior. Regrettably, inappropriate behavior can result in disciplinary action, including in extreme cases being returned home separately at the parent's expense. The following details are provided for your information:

DESTINATION: _____

SUPERVISING TEACHERS:

DEPARTURE DATE: _____ TIME: _____

RETURN TO SCHOOL: _____ TIME: _____

METHOD OF TRANSPORTATION: School Bus OTHER: none OTHER MONIES NEEDED: none
ADMISSION, ETC.) ARRANGEMENT FOR MEALS: School Lunch

PARENTS: Please retain a copy of this form for your reference and information. (Complete the information on the back and return this sheet to the school by _____.) (Date)



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PARENTAL FIELD TRIP CONSENT FORM

Destination: _____ Teacher: _____

I hereby certify that (student's name) _____
has permission to participate in the field trip according to the policies and provisions as stated above.

Student T-Shirt Size: _____ Student Hoodie Size: _____

In the event of an accident or medical emergency, I authorize the supervising teachers to seek medical assistance, and I will assume responsibility for all expenses.

I authorize the following regarding medications. Initial those applicable: ____ none to be taken. ____
authorized per existing "Authorization of Medication for a Student at School" form.

Parent Signature: _____

Phone Number: _____

Address: _____

Date of Student's Birth: _____

Doctor's Name: _____

Phone Number: _____

Name of Insurance Company: _____

Policy Number: _____

If the parent cannot be located in the event of an emergency, contact:

Name: _____

Phone Number: _____

Address: _____

Date: _____