

**SANBORN REGIONAL SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM**

SCHOOL: D. J. BAKIE ☐

MEMORIAL ☒

SR MIDDLE ☐

SR HIGH ☐

TEACHER SECTION

Trip Description and Purpose:

Grade 5 Camp Lincoln/Stand By Me trip to the YMCA Camp Lincoln

in Kingston, N.H.

Date 6/2/2023 Cost/child 0 Cost/Chaperone N/A Checks payable to: Memorial School

Time of Departure from School 9:00AM Estimated Time of Return 2:30PM # chaperones needed N/A

Student transportation: Ride Bus ☒ Private car ☐ Walking ☐

Chaperone transportation: Ride Bus ☐ Take Cars ☒ Walking ☐

***This form and your payment must be returned by: 5/26/2023**

✕ (clip here and return bottom section) _____

PARENT SECTION

Please check here if you can chaperone ☐

My child has permission to attend this field trip and I have completed the emergency information requested at the bottom of this page. (For your child's safety, all information requested below must be provided in order for your child to attend.)

Parent / Guardian Signature _____

Date _____

Date of Trip _____

MEDICAL & EMERGENCY CARE INFORMATION

Student Name _____ Date of Birth _____ Teacher _____

Address _____

Parent / Guardian Name _____

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

1) _____ 2) _____

Insurance and # (optional) _____

Student's Doctor _____ Dr. Phone Number _____

Medical information / Special needs for my child while on this trip

Check all that apply:

☐ None ☐ Allergic to: _____

☐ Significant medical conditions and treatment: _____

☐ Needs to receive the following medication while on the trip: _____ ☐ If more than one, list on reverse side

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 in the Health Office

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.

Parent / Guardian Signature _____

Date _____