

Field Trip Permission Form

Dear Parent or Guardian,

Your child is going on a field trip. Please read the information at the top of this form, then sign in both places * and return the permission slip

form by Jan 31st deadline

Field Trip Information:

Date: March 21 - 24th

Location: Washington DC: WATMUN@

Teacher/Advisor: Candy L. Wilms

Means of Transportation: Coach Bus

Leave school: 9 AM Arrive back at school: 6 PM

I, the parent/guardian of March 21st gives my child permission to take part in the trip described above. I understand that the following conditions will apply:

Students must follow the rules outlined in the John Jay High School Student/Parent A-Z Handbook while on the trip.

There shall be **NO DRINKING OF ALCOHOLIC BEVERAGES** of any type or use of drugs not prescribed by a physician. Students may not have such items in their possession. Any student who must use prescription medication must have a physician's order on file in the Nurses' office. The school nurse will in turn advise the trip supervisor.

At all times, students are expected to show proper courtesy, cooperation and respect for the chaperones and must abide by their decisions.

Enclosed, please find cash or check made payable to John Jay High School in the amount of \$275.00 to cover the cost of the trip.

In the event of an injury, I give my permission for my child to receive emergency medical treatment.

In the event of an emergency, my contact information is as follows:

Name: _____ Address: _____

Home Telephone: _____ Cell: _____ Work: _____

If I cannot be reached, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Am allergic to: _____

Have the following restrictions: _____

I, the parent of _____ hereby give permission to administer any and all medical attention that my son/daughter may require while on the trip.

I agree not to hold the school or any of its employees or the Board of Education or any of its employees responsible for any expenses or injuries that my child may incur while engaged on the trip. I understand that my child is responsible for his/her behavior at all times. If, in the view of the faculty supervising the trip, my child becomes involved in behavior which presents a danger to him/herself or to other students, appropriate steps will be taken to protect all students.

I agree that in the event of an injury, the teacher/advisor in charge of the trip may act on my behalf in obtaining medical treatment for my child. I have indicated on this form any permanent or temporary condition which should be known about my child.

I have read and understand the rules and regulations of the John Jay High School Field Trip Policy as stated above. The student whose signature appears below agrees to abide by these rules and regulations throughout the course of the trip. The parent/guardian, whose signature appears below, agrees to support the school in the enforcement of these rules.

STUDENT SIGNATURE: _____

Parent/Guardian Signature: _____ Date: _____