

MODEL UN – FITCHBURG STATE COLLEGE – APRIL 18, 2004

PLEASE BE AT THE HIGH SCHOOL BY 6:50.

PLEASE DRESS APPROPRIATELY – NO JEANS, NO SHORT, NO T-SHIRTS – DRESS AS YOU WOULD FOR A JOB INTERVIEW

YOU ABSOLUTELY MUST HAVE A SIGNED PERMISSION SLIP IN ORDER TO GET ON THE BUS

SEE ME WITH ANY QUESTIONS

MY CELL (FOR EMERGENCY ONLY PLEASE AND DO NOT SHARE) – 978-6214633

AMESBURY SCHOOL COMMITTEE POLICY

AMESBURY PUBLIC SCHOOLS

PERMISSION SLIP FOR FIELD TRIPS/ACTIVITIES

IJOA-E1

PERMISSION SLIP
(If student is under the age of eighteen (18))

I, [Print Parent/Guardian Name] give permission for [A Minor Child (student's name)]

to participate in the following voluntary field trip activity of the Amesbury Public Schools to

Fitchburg State College - Model UN, on Apr. 18 2014.
(location of trip) (date of trip)

2. Chaperone to student ratio 1/13 (for field trips only) Cost of trip \$ 0

3. I hereby represent that I am the custodial parent and/or guardian of [] and have full legal authority to execute this Permission Slip on behalf of the minor child, on my own behalf, and on behalf of my family as a parent and/or guardian of the minor child.

I hereby acknowledge that I have had full opportunity to read and review this Permission Slip and understand its contents. I execute this Permission Slip voluntarily.

Parent/Guardian: [signature] Date: [] Return form to: [teacher in charge of trip]

MEDICAL CONSENT FORM

Student's Last Name [] First Name [] MI []

Home Address [Street] [City] [State] [Zip Code]

Tele. No. [] Date of Birth [] Grade []

Personal Physician's Name [] Tele. No. []

Allergies to Medication []

Regular Medications Taken []

To Whom It May Concern:

When, for my son/daughter, [] medical care and treatment, including a minor surgical procedure is recommended by the attending physician, I give permission for the carrying out of such treatment. It is understood that I will be contacted if serious illness or major surgery must be conducted.

Signature(s) Parent(s) or Guardian(s) [] Date []

IN CASE OF EMERGENCY CALL:

Name [] Tele. no. [] Relationship []