

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))

1. I give permission for \_\_\_\_\_ to participate in the
a minor child (student's name)
following voluntary field trip activity of the Amesbury Public Schools to \_\_\_\_\_,
(location of trip)
on \_\_\_\_\_ .
(date of trip)

2. Chaperone to student ratio \_\_\_\_\_ Cost of trip \_\_\_\_\_
(for field trips only)

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: \_\_\_\_\_ Date: \_\_\_\_\_ Return form to: \_\_\_\_\_
(signature) (teacher in charge of trip)

MEDICAL CONSENT FORM

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_
Street City State

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 \_\_\_\_\_