

AMESBURY SCHOOL COMMITTEE POLICY

AMESBURY PUBLIC SCHOOLS

PERMISSION SLIP FOR FIELD TRIP/ACTIVITIES

IJOA-E2

PERMISSION SLIP
(If the student is over the age of (18))

1. I consent to my participation in the following voluntary field trip activity of the
Amesbury Public Schools, _____
(location of trip)

(date of trip)
2. Chaperone to student ratio _____
(for field trips only)

I hereby acknowledge that I am eighteen (18) years old, or older, have had full opportunity to read and review this Permission Slip and understand its contents. I execute this Permission Slip voluntarily and as an individual who has reached the age of majority.

Student: _____ Date: _____
Age: _____

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 _____

Student Signature _____ Date _____

Print Student Name _____