

FEBRUARY VACATION PROGRAM

Acton Public Schools
Acton-Boxborough Regional School District
Acton, MA

A. Field Trip Permission

FIELD TRIP PERMISSION FORM

On 2/19-2/22 the students in February Vacation Program
(date) (teacher)

class are planning a field trip to see below
(destination)

as part of a classroom unit on _____

They will leave school at see below and return at see below

Students will be transported by walking

and will be accompanied by 2-4 chaperones.

The cost of the trip will be see below *CASH ONLY*
Make checks payable to: _____

(your school)

(classroom teacher)

(If the cost of the trip causes financial hardship, please speak with your child's teacher.)

Each student will need:

(Lunch arrangements, extra clothing, etc.)

Please retain this half for your information

Please make sure you have filled in and/or signed the following sections:

- A. Permission to go on field trip
- B. Parent/Guardian Contact
- C. Field Trip Medications and Authorization
- D. Medical Information Release Authorization

CASH ONLY

Tuesday, February 19 - New London Pizza - \$5 - and Gates Playground 12:30-2pm
 Wednesday, February 20 - Idylwild Farms - \$3 fruit or cookie only 2-3pm
 Thursday, February 21 - New London Pizza - \$5 and Gates Playground 12:30-2pm
 Friday, February 22 - Legend Cafe - \$3 - and Gardner Field 2-3pm

_____ from _____ class
(Student Name) (Teacher's name)
has my permission to go on the fieldtrip to _____ on _____
(Date) (Destination)

(Parent or Guardian's Signature)

B. Parent/Guardian Contacts

Parent/Guardian #1 _____ Phone #1 _____

Parent/Guardian #2 _____ Phone #2 _____

C. Field Trip Medications and Authorization

If your child will need medication on THIS field trip, please check box(es) as needed.

MEDICATION: _____
(to be given by teacher or adult designated by school nurse)

ALLERGIES _____

Does your child use an EPI PEN for any reason? _____

I give permission for my child to receive the listed medications on this field trip.

(Parent or Guardian's Signature)

D. Medical Information Release Authorization

I authorize the personnel in charge of this field trip to release the above information to medical authorities and to obtain medical care and/or hospitalization should illness or accident occur while my child is engaged in this field trip. I accept the responsibility for payment of any medical expense.

(Date)

(Parent or Guardian Signature)

This form should be retained by field trip personnel

Field Trip Form #2

Policy IJOA

Have you remembered to:

- _____ Sign field trip permission? Yes, I will chaperone.
- _____ Fill in parent/guardian contact information?
- _____ Fill in field trip medication and sign authorization?
- _____ Sign medical information release authorization?