

Billings Public Schools
School Related Off Campus Activity

The purpose of this sheet is to inform parents of an off campus school related activity. In the event you would need to communicate with your child during this time frame, you would know the time and location of the off campus event.

Activity: _____

Purpose of the off campus activity: _____

Supervision: _____

Transportation: _____

Requirements for students: _____

Date of activity: _____ Location: _____ Time: _____ to _____

Expectations and instructions: I understand the student is expected, and the student has been instructed:

- a) To do exactly what he/she is instructed to do by the supervisors.
- b) To follow all school rules and regulations and any additional rules pertaining to this activity.

Medical information/concerns:

Please check and include a short explanation.

_____ Allergies _____ Diabetes _____

_____ Asthma _____ Seizures _____

_____ Meds during school day _____

_____ Physical restrictions _____

_____ Other _____

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor taking, arranging for or consenting to the procedures or treatment necessary in his/her or their decision.

Hospital Choice: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Print Student's Name

Address

Signature of Parent/Guardian

Parent's emergency phone number if needed.

Date signed: _____

Any other parental concerns regarding this activity:
