



AMITY REGIONAL HIGH SCHOOL  
BETHANY • ORANGE • WOODBRIDGE  
25 NEWTON ROAD, WOODBRIDGE, CT 06525 (203) 397-4830

Complete and return to the teacher/advisor:

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ No allergies (check) \_\_\_\_\_ No medication will be taken (check)

List any allergies, e.g. food, environmental, medication, and explain the degree of severity and current treatment : \_\_\_\_\_

List any medications your child may be taking during this school trip. \*\*\*

Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Frequency \_\_\_\_\_ Reason (ailment) \_\_\_\_\_

\*\*\*Prescription medication must be cleared by the school nurse. Once cleared, the nurse will give the medication to the chaperones to administer during the trip. Prescribed medications must be accompanied by a pharmacy label containing the RX number, the name of the medication, the dosage, directions for administering, and the child's name.

I, the undersigned parent, have read and understand the school's rules and regulations, completed the medical information section and have discussed both sections with my child. **I also understand that transportation will not be provided by the school for this event and that I am responsible for driving my child to and from the event.**

My signature below indicates that I have read all of the above and given permission for my child to attend the school trip to:

\_\_\_\_\_ on \_\_\_\_\_

and that he/she agrees to abide with all school rules and regulations. My signature on this form also gives the chaperones permission to seek medical assistance in case of an emergency.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_

In case of an emergency and I cannot be contacted, please call:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

I, the undersigned student, agree to follow existing school rules, regulations, and/or policies and to cooperate fully with teachers, bus drivers, and others who may be supervising this trip. I will follow good safety practices and will conduct myself so as not to endanger the welfare of myself and others. I realize this is a school sponsored event and I may be disciplined, up to and including expulsion, for violation of school rules, regulations and /or policies while participating in this event.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_