



MOUNTAIN VIEW TRANSITION PROGRAM

Community Based Learning Experience Trip Permission Form

2024-2025

During the school year your child may have the opportunity to participate in Community Based Learning Experiences through the MV Transition Program. In place of having one permission slip for each trip we are providing this slip to cover all MV Transition Program Activities for the school year. These Community Based Learning Experiences could include trips to local businesses, community programs, job shadows and colleges/technical schools etc. Students will be notified of trips at least one week in advance of the trips they are scheduled to attend. Please feel free to contact Sheri Ransom, Transition Coordinator if you have any further questions (570)-434-8537.

I give my child, _____,

permission to go on field trips with the MV Transition Program

during the **2024-2025** school year.

I give consent for Mountain View School representatives to seek medical attention for my child in the event of a medical emergency while on the trip.

Signature of Parent or Guardian

Date

PLEASE COMPLETE THE MEDICAL INFORMATION ON THE BACK.

Emergency Contact Information

(Please be sure that the contacts listed can be reached in an emergency)

Parent/Guardian: _____ Home Number: _____
Work Number: _____
Cell Number: _____

Second Contact: _____ Contact Number _____

Family Physician: _____ Contact Number _____

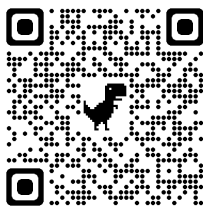
Special conditions and /or medications: _____

Please complete the following only if your student needs to take medication during the school-sponsored field trip. School District Policy must be followed regarding medications. Please refer to pages 17 and 18 of the Mountain View Jr./Sr. High School Parent-Student Handbook for further clarification of the medications policy.

I have made arrangements for _____ to administer _____
(Designee) (Name/Dose of Medication)

at _____ to my student _____.
(Time) (Student Name-Print)

I understand that the Mountain View Jr./Sr. High School is not responsible for damage or loss of property owned by my student. In case of a medical emergency, I authorize the chaperones, including the above designee, the right to authorize and/or administer medical care for the above named student.



Check out the MV Transition Webpage