Montrose Jr/Sr High School
School Related Field Trip Permission Form

Student _____ Grade _____

Event _____ Date _____

Teacher/Advisor/Chaperone(s)_____ Time_____

Transportation will be provided by _____

Student- By completing and signing this form, I acknowledge that I am responsible for getting my assignments from my teachers and turn in all of my assignments upon returning to school the following day and that I must make arrangements to make up any tests and/or quizzes.

Student Signature_____Date_____

Parent- By Completing and signing this form, I give my permission for my child to participate in the above event on the specified date. And that contact and medical information is accurate to the best of my knowledge.

Please provide the following contact information in the event of an emergency:

Name _____ Parent _____ Relative/Friend _____

Phone _____ Home_____ Work _____ Cell _____

Phone _____ Home_____ Work _____ Cell _____

Family Physician _____ Phone _____

Please list any medical conditions that we should be aware of or medications your child will need while on this trip. _____

_____

I give my consent for my child (listed above) to participate in the above mentioned event. In doing so, I agree to the following:

-In case of medical emergency, I grant the chaperones the right to authorize medical care, if none of the persons named above can be reached. The school is not responsible for damage or loss of property personally owned by my child.

Parent Signature _____Date_____