

# Amesbury High School

## IJOA-E1 - PERMISSION SLIP FOR FIELD TRIPS/ACTIVITIES

(If student is under the age of eighteen (18))

1. I, \_\_\_\_\_ give permission for \_\_\_\_\_  
Print Parent/Guardian Name A Minor Child (student's name)

to participate in the following voluntary field trip activity of the Amesbury Public Schools to

Launch, Framingham and Level99, Natick, on June 1, 2026.

2. Chaperone to student ratio \_\_\_\_\_ 10:1 \_\_\_\_\_ Cost of trip \_\_\_\_\_ TBD \_\_\_\_\_

3. I hereby represent that I am the custodial parent and/or guardian of \_\_\_\_\_, and have full legal authority to execute this Permission Slip on behalf of the minor child, on my own behalf, and on behalf of my family as a parent and/or guardian of the minor child. I hereby acknowledge that I have had full opportunity to read and review this Permission Slip and understand its contents. I execute this Permission Slip voluntarily.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Return form to: Mrs. Alley or Mrs. Thibodeau  
(signature) (teacher in charge of trip)

### MEDICAL CONSENT FORM

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tele. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Personal Physician's Name \_\_\_\_\_ Tele. No. \_\_\_\_\_

Allergies to Medication \_\_\_\_\_

Regular Medications Taken \_\_\_\_\_

To Whom It May Concern:

When, for my son/daughter, \_\_\_\_\_, medical care and treatment, including a minor surgical procedure is recommended by the attending physician, I give permission for the carrying out of such treatment. It is understood that I will be contacted if serious illness or major surgery must be conducted.

Signature(s) Parent(s) or Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

### IN CASE OF EMERGENCY CALL:

Name \_\_\_\_\_ Tele. no. \_\_\_\_\_ Relationship \_\_\_\_\_

Adopted: 2004

# Amesbury High School

## IJOA-E2 - PERMISSION SLIP FOR FIELD TRIPS/ACTIVITIES

(If the student is over the age of (18))

1. I consent to my participation in the following voluntary field trip activity of the Amesbury Public Schools, Launch, Framingham and Level99, Natick on June 1, 2026.

2. Chaperone to student ratio [10:1]

I hereby acknowledge that I am eighteen (18) years old, or older, have had full opportunity to read and review this Permission Slip and understand its contents. I execute this Permission Slip voluntarily and as an individual who has reached the age of majority.

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

### MEDICAL CONSENT FORM

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Street

City

State

Tele. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Personal Physician's Name \_\_\_\_\_ Tele. No. \_\_\_\_\_

Allergies to Medication \_\_\_\_\_

Regular Medications Taken \_\_\_\_\_

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

Print Student Name \_\_\_\_\_

Approved: 2004