

This form is to be completed 5 days prior to the scheduled field trip.
 Portsmouth High School
STUDENT PERMISSION FORM and EMERGENCY AUTHORIZATION FORM

FIELD TRIP NOTICE (to be filled out by student going on the trip and signed by the parent)

Destination ORLANDO, FL. Date of Trip: 4/24/16 - 5/1/16 Cost per student: \$ 1,450.-
 Class going on trip PHS CLIPPER BAND Sponsoring Teacher(s) E. GAGNON
 Departure Time SUNDAY 4/24 PM Return Time MONDAY 5/1 PM
 Name of Student _____ Grade _____

TO THE SPONSORING TEACHER:

If the student is absent and does not go on the trip, the sponsoring teacher should notify the student's grade office and his/her teachers.

The sponsoring teacher will collect these completed forms, save them, and take along with them on the trip.






NOTE: Forty-eight (48) hours prior to the trip, the sponsoring teacher should distribute copies of the list of students attending the field trip as follows:

- o 1 copy to each grade office
- o 1 copy to post in teachers' cafeteria
- o 1 copy to each department head

TO THE STUDENT:

PLEASE HAVE EACH OF YOUR CLASSROOM TEACHERS SIGN THIS SHEET -- NOTING THE DATE OF THE FIELD TRIP.

The student is responsible for all class makeup work.

Block	Subject	Signature of Teacher	Approve	Do Not Approve
1	A) B)			
2	APRIL VACATION			
3				
4				
After school Activity				

Student Name: _____ DOB: _____ Grade: _____

Address: _____ City/Town: _____ ZIP: _____ Ph.: _____

Student Resides with (name): _____ Relationship: _____

Parent/Guardian (name): _____ Employment: _____ Work Ph: _____
 Cell Ph: _____

Other Parent/Guardian: _____ Employment: _____ Work Ph: _____
 Cell Ph: _____

TO THE PARENTS:

Parents should sign this form **ONLY** after all the information above has been read and completed.
 All information on the **BACK SIDE OF THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN.**

EMERGENCY CONTACTS / PARENTS/GUARDIAN:

	<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

In case of medical emergency, in the event that I/We cannot be reached, I/We authorize a representative of the school department to procure and consent to any medical examination, diagnostic process or course of treatment, including transportation and hospital care, to be rendered to my/our child by or under the supervision of any duly licensed health care provider. A copy of this authorization is to be accepted as valid as the original. I/We understand that the information herein may be necessary by the School Department.

Signature: Parent/Guardian

Date:

I/We understand that the School Department does not provide personal or health insurance coverage for students.

In arranging transportation or medical treatment in an emergency, the School Department does not assume financial liability for the student's medical care.

I/We understand that the information provided herein may be used as necessary by the School Department.

Signature: Parent/Guardian

Date: