

AMESBURY SCHOOL COMMITTEE POLICY

AMESBURY PUBLIC SCHOOLS

PERMISSION SLIP FOR FIELD TRIPS/ACTIVITIES

IJOA-E1

PERMISSION SLIP
(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
_____, on _____.
(location of trip) (date of trip)

2. Chaperone to student ratio _____ Cost of trip _____
(for field trips only)

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: _____
(signature) (teacher in charge of trip)

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 _____

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 _____