Grade Level: ___ Hmrm teacher name: ___________ Student last name:______________________________

2016-2017 School Field Trip/Event Permission Form

I, ____________________________ (parent/guardian) of
(student's name) _________________________
give Brooks DeBartolo Collegiate HS permission to take my son/daughter on all school sponsored field trips and to participate in school related events. Eligibility to attend will be based on acceptable academic performance and school behavior in all areas and participation may be withdrawn at teacher/administrator discretion.

Student's Name: ____

Address: ____
Street City Zip Code

Daytime phone number #1:_____________________Daytime phone number #2: _____________________

Cell phone number #1: ________________________Cell phone number #2: ________________________

My child takes medication during school hours ____ Yes ____ No At what time? _____________

Name of medication: ____

It is understood that the above-named student is under the supervision of Brooks DeBartolo Collegiate HS and is subject to all rules and regulations of the school during all trips/events.

Should a medical/surgical need arise, I authorize the person in charge of this trip/event to arrange for whatever emergency treatment may be necessary and to make every reasonable attempt to contact me. I also release Brooks DeBartolo Collegiate HS, its administration, faculty, staff, chaperones and the BDCHS Board of Directors from any and all liability and financial responsibility for my student in the treatment for sickness or accident.

I have read and understood this form completely and hereby give my permission for my son/daughter to attend any and all field trips/events planned by the staff at Brooks DeBartolo Collegiate HS and that he/she may qualify for.

Parent/Guardian Signature ____ Date _____________

In case of an emergency, contact the following (please print):

1.____ Phone ______________ Relationship ______________

2. ____ Phone ______________ Relationship ______________

Family physician ______________________________________ Phone ___________________________

Hospital ____

Insurance Provider____ Policy #_____________________