

Grade Level: ____ Hmrm teacher name: _____ Student last name: _____



2017-2018 School Field Experience/Event Permission Form

-REQUIRED FOR PARTICIPATION-

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to attend will be based on acceptable academic performance and school behavior in all areas and participation may be withdrawn at teacher/administrator discretion.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 experiences/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 # _____