

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 _____ Date of Trip: _____ Cost per student:\$ _____
 Class going on trip _____ Sponsoring Teacher(s) _____
 Departure Time _____ Return Time _____
 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:

- 1 copy to each grade office
- 1 copy to post in teachers' cafeteria
- 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.

<u>Block</u>	<u>Subject</u>	<u>Signature of Teacher</u>	<u>Approve</u>	<u>Do Not Approve</u>
1	A) B) _____	_____	_____	_____
2	_____	_____	_____	_____
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: