

# Muncy Jr./Sr. High School

Return Permission Slip by: \_\_\_\_\_

Field Trip and Medical Form

TO BE COMPLETED BY PARENT FOR STUDENT PARTICIPATION IN THIS FIELD TRIP.

Trip Date	Trip Location	
DESIGNATED CHAPERONE(s) RESPONSIBLE FOR YOU:		
<i>Note: An adult chaperone shall be a faculty member, parent, legal guardian or person who is in loco parentis, over the age of 21, approved by the school, and registered with and accompanying the student at the event or activity.</i>		
Student Name		
Address:		
Birth Date	Sex: M / F	Do You Need a School Lunch? Y / N
<b>Emergency Contact Information</b>		
In Case of Emergency Please Contact:		Relationship:
Day Phone:	Night Phone:	
Alternate Contact:		Relationship:
Day Phone:	Night Phone:	
<b>Insurance Information</b>		
Health Insurance Co:		Policy Number:
Group Name on Insurance Coverage:		
Phone # on card:		Will student have medication with them: Y / N
If Yes, List Medication:		
Nervousness	Yes   No	Rheumatic Fever
Convulsion/Epilepsy	Yes   No	Cancer or Tumors
Heart Condition	Yes   No	Headaches
High Blood Pressure	Yes   No	Fainting Spells
Any other allergies?		Asthma
		Diabetes
		Allergies to Medication
		Yes   No
		Yes   No
		Yes   No
		Yes   No
Please provide any additional information for medical conditions marked "yes":		
I am the parent or legal guardian for the above named student, and give my permission for him/her to attend the field trip/conference and/or event(s) sponsored by the Muncy Jr./Sr. High School. I also understand that all school rules apply, and I understand that a violation of these rules may result in the dismissal of my child from the event. I hereby certify that the information provided above is correct.		
In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery for the above named student.		
Parent or guardian (print) _____	Signature _____	Date _____

Original with Chaperone(s)

Copy in HS Office