

FIELD TRIP PERMISSION FORM

Informed Consent - District Curricular/Co-curricular/Interscholastic Activities

Student Name:

Grade:

Date: 3/16/11

School Name: Union High School

Teacher/Advisor: Mike Iverson

General Information

The **Choir** is planning a trip to **the New York City 2011 Tour**

The purpose of this trip is: **Spring Concert Tour and Choir Festival in New York**

Additional Driving Instructions: **Continental Airlines and Charter Bus services with Hagey Coach Inc.**

Trip Destination: **New York, New York**

Phone No. **(201) 641-2024**

Address: **70 Challenger Rd Ridgefield Park, NJ 07660**

Place of Lodging: **Hilton Garden Inn Ridgefield Park NJ**

We will leave from **PDX** on (date) **3-30-11** at about (time) **7:35 AM Continental 485U**

We will return to PDX on (day) **04-04-11** at about (time) **10:18 pm Continental Airlines 784V**

Itinerary is attached List of items needed is attached

Attending: Number of students: **[87]**

Number of Adults: **[15]**

Type of Transportation:

District Vehicle District Bus Commercial Transportation

Other (Explain) _____

Medical Information:

The following special health problems should be noted and adequate precautions taken(list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed:

Medical Release:

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorized the school district to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone No. _____

(I understand that the school district does not purchase medical/dental/hospitalization insurance to cover injuries to or losses of life pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent of guardian.)

Name of Insurance Carrier _____ Policy No. _____

Although I understand that the school district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.

Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the activity. I understand that my child will not be permitted to participate unless this form is completed, signed and returned to school.

Parent Name	Home Phone	Work Phone
Home Address		Cellular Phone
Signature of Parent/Guardian		Date

****Please return this form to school before 03/21/11 and keep any attachments for your information.****