

MINERVA HIGH SCHOOL FIELD TRIP PERMISSION SLIP

Student's Name _____

Today's Date _____

Organization MINERVA H.S. BAND

Teacher MAXEY

Destination CEDAR POINT

Date of Trip 5/13/2022

Student on this field trip will be transported by bus -- YES NO _____

If bus transportation is provided by the school, car transportation is not permitted.

My child has permission to drive -- YES _____ NO ; to ride with another student -- YES _____

NO _____; has proper liability insurance coverage to transport students -- YES _____ NO _____

Departure Time 8:00 AM

Expected Return Time 11:30 PM

Location MHS

MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority when parents or guardians cannot be reached. In the event of reasonable attempts to contact me at _____

or other parent or guardian at _____, I hereby give my consent of the administration of any treatment deemed necessary by (preferred doctor), Dr. _____ (phone) _____ or (preferred dentist) Dr. _____ (phone) _____

or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of my child to (preferred hospital) _____

or any hospital reasonably accessible if necessary.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring on the necessity of such surgery, are obtained prior to the performance of such surgery. Facts concerning any physical impairments to which the physician should be alerted: i.e., contact lens, allergies etc. _____

I give permission for my child to receive emergency medical treatment.

Parent's signature _____

Date _____

I give permission for my son/daughter to participate in this field trip.

Parent's signature _____

Date _____

NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN THE FIELD TRIP.