MHS EXTENDED/ FOREIGN TRIP Parent Permission Slip 2018-2019

Supervising Teacher: _____   Trip Name: _____

STUDENT INFORMATION

Student Name	Date of Birth / /
Primary Address	Student Cell Phone ( ) -

GUARDIAN INFORMATION

Guardian Name	Alternate Emergency Contact
Relationship to Student	Relationship to Student
Guardian Contact Number ( ) -	Emergency Contact Number ( ) -

HEALTH INFORMATION

Does your child have any medical condition(s) that others should be aware of on this trip?
No_____ Yes_____ please describe_____

Student's Primary Medical Provider_____
Clinic Name_____**Phone (_____)_____**

Name of Insurance Carrier _____
Subscriber Number _____ **Group #** _____

MEDICATION INFORMATION

Does your child take any medications or supplements **DAILY**?   Yes _____ No _____

Does your child take any medications or supplements **PRN (as needed)**   Yes _____ No _____
   If answering YES you need to fill out the MHS Medication Administration Form (page 2)

Will your child be self-administering the medication/supplement?   Yes _____ No _____
   ☐ I give permission for my child to carry and take medication while on this trip
   ☐ I give permission to school personnel to administer required medication to my child
      Certain medications need to be kept and administered by school staff while traveling

***Please note: Prescription medications **REQUIRE** practitioner signature. **ALL** medications (OTC & RX) require a **GUARDIAN** signature. **ALL** medications (OTC & RX) MUST come in a labeled container matching the written instructions provided on the order. ***

☐ **My child does NOT require medication and does not have my permission to take any while away**

I hereby give permission for my child to participate in the above overnight field trip. By signing this form I attest to the fact that I have read & understand that my son/daughter must abide by all rules and conditions set forth for this trip as well as those outlined in the Middleton High School Code of Conduct, Athletic Code, & Student Organization Code.

Parent/Guardian Signature _____ **Date** _____