

2019-2020 OVERNIGHT FIELD TRIP PARENT PERMISSION SLIP

Supervising Teacher: Brunner/Hannam Trip Name: WI State Theatre Festival Date of Trip: 11/22 & 23

STUDENT INFORMATION

Student Name:	Date of Birth: / /
Address:	Student Cell Phone: ()

GUARDIAN INFORMATION

Guardian Name:	Alternate Emergency Contact:
Relationship to Student:	Relationship to Student:
Guardian Cell Phone: ()	Alternate 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 # _____ 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** _____