

ROXBURY HIGH SCHOOL FIELD TRIP PERMISSION FORM

_____ has my permission to participate in the
STUDENT'S NAME / GRADE

following school sponsored field trip: Trip Date: _____
3/14 - 3/17

Leave time: _____ **Return time:** _____ **Student cost:** _____
2:30pm on 3/14 11:45pm on 3/18 \$310 + \$80 spending money

Destination: _____
Finger Lakes Regional Event being held at the Rochester Institute of Technology

Sponsoring organization: _____
The Roxbury Robotics Team

Method of transportation: _____
charter bus, hotel bus

Please be advised that a school nurse will not accompany the students. Since only certified school nurses are permitted to administer medication, any student in need of medication must be capable of self-administration.

Please check:

___ **My child does not require medication.**

___ **My child suffers from a potentially life-threatening illness such as asthma, severe allergy (specify) _____, other _____ and is capable of, and has been instructed in the proper method of self-administration of the following medication:**

MEDICATION _____ **DOSAGE** _____ **TIME** _____

Please list any other known medical conditions _____

(Check with the school nurse to see if permission is on file.)

In case of emergency, students will be transported to the nearest medical facility and parents will be contacted. Parent/guardian may be asked to accompany a student with a serious medical problem, if the chaperones deem it necessary.

SIGNATURE OF PARENT/GUARDIAN

HOME TELEPHONE NUMBER

EMERGENCY TELEPHONE NUMBER

Students agree to abide by school rules and remain with assigned chaperones all day.

Signature of Student

Homeroom Number

Homeroom Teacher