

FIELD TRIP PERMISSION SLIP

Event: _____ Date: _____

Sponsoring Teacher: _____ Class/Club: _____

List classes to be missed:

STUDENT'S RESPONSIBILITY

Students participating in school events which take them out of classes must:

1. Pass in all class assignments **on the day due**.
 - a. Assignments due on the day of the out-of-class event must be turned in on the day of return.
 - b. Assignments made while attending the out-of-class event are due on the same day as the rest of the class. It is the student's responsibility to obtain the missed assignment from another student or the teacher and the assignment is due at its normal and regular time. The policy of being allowed twice the amount of time for make-up does NOT apply to school sponsored out-of-class events.
 - c. Tests announced prior to the field trip will be taken on the day scheduled.
2. Be prepared to take tests or quizzes missed due to participation in an out-of-class event on the day of their return to class. The policy of being allowed twice the amount of time for make-up **does NOT apply** to school sponsored out-of-class events.
3. Provide the sponsoring teacher with a permission slip signed by the parent/guardian approving of the student's participation in the out-of-class event. The permission slip must be the standard school form.
4. Arrive appropriately dressed and on time for departure from the designated area.

NOTE: Conditions listed under #1 and #2 above may require teacher discretion for trips of more than one day. Please

complete the form below:

Student Name: _____

[] *I have read and understand the responsibilities outlined above.*

Student's Signature: _____ **Date:** _____

[] *I give permission for my student to participate in the above event. I have read the field trip information and*

understand my student's obligation relative to work for classes missed.

Algonquin Regional High School Overnight Field Trip Medication Form

Name of Trip: _____ Dates of Trip: _____

Student's Name: _____ DOB: _____

Medical condition/ information (*that is relevant and shared with faculty on trip only*): _____

Allergies: _____yes _____no

If yes, please list and describe _____

Student will require medication during the trip _____yes

Name of medication _____dose _____ frequency _____

Route: _____by mouth _____by inhaler _____injection _____insulin pump

Please attach additional sheet if more than one medication is needed.

Students will self administer medications on field trips according to MDPH regulations. All medications (with the exception of Epi-Pens, Inhalers, Insulin and Lactaid) must be carried by a faculty member accompanying the trip. Student will approach faculty member @ the appropriate time to self administer his/her medication as ordered in the presence of the faculty member.

It is recommended that a second Epi-Pen, inhaler or additional Lactaid tablets also be provided for the faculty member to carry in the event of Epi-Pen malfunction or loss of Epi-Pen or inhaler by student.

All medications must be in current prescription bottle with student's name and administration guidelines on the label, and just enough medication for doses needed for trip (plus one in case of spillage).

Return completed form and prescription medication (in current, correctly labeled bottle) to nurse no later than one week prior to trip. Nurse will verify that medication listed on form is the same as medication listed on bottle label. Nurse will give verified medication to faculty member. Parent will be called if medication cannot be verified.

I am aware of, and approve, the self administration of the above referenced medication by my child _____ on this field trip, and agree to follow the outlined procedures. I attest that my child is in good health and able to safely participate in this trip.

Parent signature: _____ Date signed: _____

Parent name printed: _____ Best contact number: _____

Above prescription medications verified by: _____ Date: _____

This form needs to be reviewed by the school nurse with the student prior to the trip.

School nurse signature:

_____ **Date:** _____

**PARENTS ARE REQUIRED TO COMPLETE THIS FORM AND RETURN TO NURSE NO
LATER THAN _____, IF MEDICATIONS ARE REQUIRED.**

(rev. 3/11)

Parent/Guardian's Signature: _____ Date:

Emergency Contact Phone #:

[] *My student has a medical condition that the sponsoring teachers need to be aware of (i.e. severe allergies, asthma, epilepsy, etc)*

Medications to be brought on trip: _____ Location:

*****Please be advised that school nurses are not present on field trips*****

Revised: 08/12