

**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: \_\_\_\_\_

Leave time: \_\_\_\_\_ Return time: \_\_\_\_\_ Student cost: \_\_\_\_\_

Destination: \_\_\_\_\_

Sponsoring organization: \_\_\_\_\_

Method of transportation: \_\_\_\_\_

**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**