

POMPERAUG REGIONAL SCHOOL DISTRICT 15

Field Trip Permission Form For Parent/Guardian

Teacher's Name: Maureen Honan, Barbara Driscoll, Michael Murphy, Charles Valahos, and Barbara Bauer	Destination: Smugglers Notch Vermont	Grade: 9-12
Purpose: Weekend Ski Trip	Date of Trip: March 19-21, 2010	
Time of Departure: 12:30 pm 2/26/2010	Time of Return: 7:30 pm 2/28/2010	
Mode of Transportation: ABC Transportation	Cost to be Paid by Students: \$306.00	

Special Instructions and/or Requirements:

Parents and students **must** attend informational meeting, February 3, 2010, *snow date* February 4, 2010, 5:30 pm in the AP ROOM.

Students are to follow all SKI Trip rules.

MEDICATION(S):

If your child is on medication during the school day, and is going to need medication during this field trip, you, the parent/guardian must contact the school nurse, **one week in advance** of this trip to make arrangements for the administration of the medication.

PARENTS/GUARDIANS please complete the following:

1. Name, address, home and work telephone numbers of parents/guardians:

If parent/guardian not available, emergency contact and telephone number:

2. Please list any medical conditions of your child which the chaperone should be aware of: **(write none if not applicable)**

PLEASE NOTE: Region 15 reserves the right to reschedule and/or cancel field trips based on travel safety at the time of the trip. If a trip has to be cancelled, any deposits towards the trip may not be refunded.

- In case of emergency, I hereby give permission to the chaperone to select a physician or hospital and secure proper treatment for my child.
- All school rules are enforced during a field trip.
- The school district is relieved of any responsibility for damage or loss to student's personal property.
- Parents/guardians may be held responsible for any damages caused by their child.

Parent/Guardian Signature

Child's Name (please print)

Date

(Signature indicates that all of the above information is agreed to and correct.)