

Please return the entire form to school by: \_\_\_\_\_

**Haverhill Public Schools  
Haverhill, Massachusetts  
Field Trip Permission Form**

An educational field trip is planned as part of the regular class activity.

**School:** **Haverhill High School**

**Grade(s) and/or Class:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_ **Time Departure** \_\_\_\_\_ **Return** \_\_\_\_\_

**Method of Travel:**

Walking \_\_\_\_\_ Private Car \_\_\_\_\_

Bus \_\_\_\_\_ Other \_\_\_\_\_

**Lunch:**

\_\_\_\_\_ Students are to bring their lunches in a paper bag (*no glass bottles please*)

\_\_\_\_\_ Lunch may be purchased

\_\_\_\_\_ No lunch is required

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**Cost Per Student**

Transportation and/or Admission \$ \_\_\_\_\_

Total amount of Donation for entire Field Trip \$ \_\_\_\_\_

Donating Organization \_\_\_\_\_ \$ \_\_\_\_\_

*The donation (if any) has already been deducted from the Cost Per Student.*

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If required expenses such as bus fare or admission fees cannot be provided by the parent the school will attempt the necessary arrangements to enable every student to attend. Please notify the teacher in any such case.

Since no child is required to attend the field trip if the parent does not approve, students who do not accompany classmates are required to attend school where arrangements will be made to provide appropriate instruction for them. We strongly encourage you to send your child to school.

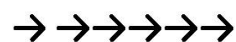
Your signature below along with your child's name constitutes permission for your child to go on the trip. Unless written or verified verbal approval, your child will not be permitted to go on the trip.

\_\_\_\_\_ (has) (does not have) permission for the field trip.

Students Name

Parent's Signature \_\_\_\_\_ Emergency Telephone # \_\_\_\_\_

Date \_\_\_\_\_



**Field Trip Emergency Medical Authorization**

I agree to the following procedure should medical attention become necessary:

1. The teacher, coach, or authorized school representative will make every effort to contact the parent to explain the circumstances and receive instructions for the student's care.
2. If the authorized school representative is unable to reach the parent, he/she will authorize medical attention if such is deemed necessary upon advice of a qualified physician.

**Parent's Signature** (*approving above procedure*) \_\_\_\_\_

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**Insurance Information**

**Company** \_\_\_\_\_

**Subscriber** \_\_\_\_\_

**I.D. Number** \_\_\_\_\_

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**Existing Medical Conditions**

**Complete this portion only if your son/daughter has an existing medical condition.**

**Student Name** \_\_\_\_\_

**Medical Condition** \_\_\_\_\_

**Treatment (if any)** \_\_\_\_\_

**Medication (if any)** \_\_\_\_\_

**How often?** \_\_\_\_\_

**Known allergies to medication** \_\_\_\_\_

**If medical travel kits are available has one been provided to the school? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Special instructions to Teacher/Chaperone**

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