

BUCKEYE HIGH SCHOOL
Field Trip Permission Form

This form must be completed and returned to the teacher/advisor by 9/26/18
(Due date)

Students who have not submitted this permission form and an emergency form by the indicated due date will not be permitted to go on the field trip.

Field Trip Information

DATE 9/28/18 TEACHER/ADVISOR GREG KING

_____ has my permission to go to ROCK AND ROLL HALL OF FAME
(Student Name) (Site/Activity Description)

In CLEVELAND on 9/28/18
(City/Location) (Date of trip)

Transportation will be provided by

 Buckeye School Bus Charter Bus

 Buckeye School Van driven by _____

The trip will leave Buckeye High School at 5:15 A.M. and return at approximately 12:45 P.M.
(Time) (Time)

The cost of this trip is \$ 10.00

Checks should be made payable to BUCKEYE BAND BOOSTERS

Additional information (suggestion for appropriate dress, spending money, etc.)

GOOD IDEA TO BRING EXTRA \$ FOR BRUNCH
AND SOUVENIERS FROM THE GIFT SHOP IF
INTERESTED.

PARENT/GUARDIAN APPROVAL

My signature below indicates approval for my child to attend the event as indicated above. Even though I know that my child is covered by insurance for this trip, I waive any responsibility, beyond that of normal care, from the advisors or school.

(Parent/Guardian signature)

(Date)

BUCKEYE HIGH SCHOOL
Field Trip Medical Emergency Form

Student's Name: _____ Birth date: _____

Address: _____ Home Phone No.: _____

Business phone where parent/guardian can be reached:

Mother (name) _____ Work No. _____

Father (name) _____ Work No. _____

List the name and phone number of two parties that can be called if the parent/guardian cannot be reached:

Name _____ Phone No. _____

Name _____ Phone No. _____

Doctor's Name _____ Office No. _____

Emergency No. _____

Does your child have any medical conditions or is he/she taking medication that we should know of?

No _____ Yes _____ If yes, please explain: _____

Student's Blood Type _____ Allergies _____

Insurance Company _____ Policy No. _____

Insurance Company Address _____

Phone No. _____

In the event of an emergency, we hereby give permission to the physician, selected by the counselors/advisors, to order X-rays, routine tests, and treatment for the health of my child, and in the event we cannot be reached in an emergency, we hereby give permission to the physician selected by the counselor to hospitalize, secure proper treatment for, and to order injections and/or surgery for my child as named above.

Signature of Parent/Guardian

Date