

# RAHS Field Trip Form

## Permission/Notification

School Year 2012-2013

This form must be filled out and submitted to the Field Trip supervisor. The supervisor of the field trip is required to carry this information with him/her on the trip.

**Supervisor's name:** Mr. Pittman/Mr. Herschleb

**Class / Club / Organization:** RAHS Drama

**DATE** for Field Trip: Friday November, 16 2012

**Destination** of Field Trip: UW-Stevens Point

**Fee** for the Field Trip: None for Cast & Crew;

Pre-registered students \$11 (all others \$32, Pay at the door.)

**Field Trip Itinerary:** Nov. 16

**7:15am** Depart RAHS

**9:15am** Arrive UWSP Workshops, 1 Acts, theatrical learning experience: All Day.

**6:30pm** RAHS Performance of Check Please: Jenkins Theater UWSP

**8pm** Showcase Performance of "Once on This Island" Century Theater, Stevens Point.

**1am Nov. 17** ARRIVE BACK AT RAHS

**Medical Treatment Info:** Please provide the following information in case of an emergency.

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

*Last Middle Initial First*

1. Insurance Company you have a policy with \_\_\_\_\_

Insurance Number \_\_\_\_\_

2. Is your son/daughter presently taking any medication? (Please identify) \_\_\_\_\_

3. Is your son/daughter allergic to anything? (Please identify) \_\_\_\_\_

I authorize school personnel to transport my son/daughter to a physician's office and/or emergency room for treatment in the event that emergency medical care is needed while he/she is involved in either co-curricular or extra-curricular activities. Further, I authorize the **PHYSICIAN** and **HOSPITAL STAFF** to treat my son/daughter, as they deem necessary in the emergency situations. The above authorization will help assure that your child will begin receiving emergency medical treatment should they have a broken bone or other non-life threatening situation and you are not able to be contacted to authorize treatment for your youngster.

**Permission to Participate:** The signature below will verify that the student identified below has my permission to participate in the field trip identified above.

Parent/Guardian \_\_\_\_\_

(Please Print)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_