

RAHS Field Trip Form

Permission/Notification

School Year 2011-2012

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. Herschleb Mr. Pittman

Class / Club / Organization Drama Club

DATE for Field Trip Sunday Jan. 29

Destination **BLUE MAN GROUP PERFORMANCE** Overture Center, Madison.

Fee **\$45** **Make checks payable to RAHS Drama club. Bring money for supper on the way back. Have lunch eaten when we leave or with you to eat on the way there.**

Field Trip Itinerary:

11 am Leave RAHS

1pm Show

Supper at West Towne Mall Food Court

6 pm ARRIVE BACK AT RAHS

Medical Treatment Information: 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) _____

IF EPI PEN , OTHER EMERGENCY TREATMENT DEVICE, OR MEDICATION IS NEEDED; IT MUST COME WITH THE STUDENT.

Signature of Parent/Guardian: _____

Date: _____ **Home Phone:**

Emergency Phone:

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.

Student's name _____

Parent/Guardian _____

(Please Print)

Signature