

# 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 Saturday, October 5, 2013

**Destination** **CHICAGO** Overture Center, Madison.

**Fee \$60** **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:** **11:30 am Leave RAHS 2pm Show. Supper at West Towne Mall Food Court.**

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

**NAME:** Last \_\_\_\_\_ M. I. \_\_\_ 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.**

**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.

Parent/Guardian \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Signature