



FIELD TRIP PERMISSION SLIP

_____ will be participating in a field trip visit to
STUDENT'S NAME AND ID#

MRHS Band Camp at Pine Summit Camp, Prescott
AZ

The group will leave school on **Saturday July 20 at approx. 8 AM** and return to school on **Wednesday, July 24, 2024 at approx. 4 PM**

Transportation will be as follows:

SCHOOL BUS BOTH WAYS	School car or van(s):
Walking	Other (explain):

Special activity cost for this trip will be \$350 which includes **Transportation, Band Camp Accomodations, Lodging, Meals, Camp T-Shirt, Camp Staff**

A sack lunch **is not** required.

_____ has my permission to participate in the field trip above.
STUDENT'S NAME AND ID#

In the event of an emergency, please contact: _____
NAME

HOME PHONE # _____ WORK PHONE # _____ CELL PHONE # _____

Please note any medication the student is currently taking or attention which should be observed in the case of an emergency:

SIGNATURE OF PARENT OR GUARDIAN

DATE

FIELD TRIP MEDICATION PROCEDURE

Medications must be furnished by the parent to the teacher. **Students may not bring in the medication.** If it is a prescribed medication, it must be in its **ORIGINAL PHARMACY BOTTLE WITH CURRENT DATE**, labeled with the child's name, prescription number, and identification of medication along with correction instructions. Over-the-counter medicines must also be in their original containers with labels intact to identify. School personnel will not be responsible or liable for any reaction to medicines given in accordance with the directions on the label. All medication will be kept by the teacher or trip leader.

Parents are responsible for giving necessary student medications to the teacher. Please bring only the number of doses needed for this field trip to the teacher in the ORIGINAL CONTAINER. Please see that the teacher/leader has the medication prior to the departure of the trip.

FIELD TRIP MEDICATION PERMISSION FORM

(If your child must take medication while on the field trip, please fill out the following form completely)

I request _____ **MRHS Band Director, Band Staff and/or First Aid Volunteers** _____ sees that my child
TEACHER OR FIELD TRIP LEADER

_____ receives the following medication(s) on this field trip.
STUDENT'S NAME AND ID#

MEDICATION	DOSAGE	TIME TO BE GIVEN
PRESCRIPTION #	REASON FOR MEDICATION	

MEDICATION	DOSAGE	TIME TO BE GIVEN
PRESCRIPTION #	REASON FOR MEDICATION	

Special Instructions: _____

SIGNATURE OF PARENT OR GUARDIAN

DATE