



FIELD TRIP PERMISSION SLIP

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

_____ Bands of America Regional Championships at Northern Arizona University in Flagstaff,
Arizona

The group will leave school on Saturday, September 27, 2025 at approx. 5 AM and return to school on Sunday, September 28, 2025 at approx. 1 AM

Transportation will be as follows:



School Bus both Way



School car or van(s)



Walking



Other (explain) _____

Special activity cost for this trip will be \$80 which includes registration, transportation, meals, student/staff admission to BOA competition
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 prescription 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 correct 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 according to the directions on the label. All medications 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 departure for the field 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
_____ receives the following medication(s) on this field trip.

STUDENT'S NAME AND ID# _____

List any medications that will accompany the student on the field trip and the dosage and time to be given.

MEDICATION	DOSAGE	TIME TO BE GIVEN
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PRESCRIPTION #	REASON FOR MEDICATION
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MEDICATION	DOSAGE	TIME TO BE GIVEN
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PRESCRIPTION #	REASON FOR MEDICATION
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MEDICATION	DOSAGE	TIME TO BE GIVEN
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PRESCRIPTION #	REASON FOR MEDICATION
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Special Instructions: _____



SIGNATURE OF PARENT OR GUARDIAN

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DATE