

Drexel Hill Middle School Field Trip Participation Permission and Release Form

Field Trip All 2012-2013 Marching Performances Date(s) As Listed on monthly calendars

Students Name _____ Grade _____

PURPOSE

Because all learning cannot be contained in a classroom or building, Drexel Hill Middle School values the experiences that field trips can provide. All trips relate to curricula and promote social and academic learning. While participating in these activities, students will act as ambassadors for our school, district, and community.

CONDUCT

Participation in field trips is a privilege extended to eligible students. Eligibility depends upon academic status, behavior, attendance, and the discretion of the teachers and administrators. While on field trips students are expected to display the following:

- Respect for all rules and regulations
- Cooperation with those in authority
- Care for the safety of self and others
- Respectful attention to instructions, information, guided tours and presentations

RELEASE

By signing this release I agree to release and hold harmless Drexel Hill Middle School, Upper Darby School District, its agents, employees, officers, sponsors of this trip and chaperones from any and against all liability, loss, damages, claims, or actions for bodily injury and/or property damage, in accordance with current state and federal law, arising out of participation in this trip. I further acknowledge that this release is binding upon heirs, successors or assigns.

CURRENT EMERGENCY INFORMATION

Home Telephone Number _____

Parent/Guardian Employment or Emergency Phone Number _____

AUTHORITY TO ACT FOR THE DELIVERY OF EMERGENCY MEDICAL CARE

If any emergency medical procedure or treatment is required by the student during the field trip, I consent to the agent(s) of the school arranging for or consenting to the procedures or treatments at his/her discretion.

IMPORTANT MEDICAL INFORMATION

Medication taken on field trips MUST follow the UDSD medication policy requiring written physician's orders and written parent/guardian request as stated in the family manual. Prescription medication will be administered only by the school nurse in attendance or the parent/guardian, according to physician's orders

Allergies or Relevant Medical Information _____

PARENT/GUARDIAN SIGNATURES

PLEASE SIGN BELOW, IF YOUR CHILD TAKES MEDICATION DAILY OR USES AN EPI-PEN, INHALER OR INSULIN.

1. Yes, the school nurse administers medication to my child during school every day

Date _____ Parent/Guardian Signature _____

2. I believe my child is able and responsible to carry and self-administer his/her inhaler, insulin, and/or Epi-Pen. I give my permission for him/her to do so.

Date _____ Parent/Guardian Signature _____

PERMISSION TO ATTEND FIELD TRIP

I give permission for participation in this field trip. I have read the above and expect my child to abide by all rules and regulations set forth by the school

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____