

Minnechaug Regional High School
Trip Permission

Student: _____ Year: _____

Date of Trip: _____ Day: _____

Destination: _____

Activity: _____

Teacher/Advisor: _____

Mode of Transportation: _____ Bus _____ Car _____ Foot

Departure from MRHS at: _____

Returning to MRHS at approximately: _____

Phone numbers where parents/guardians may be reached during this field trip:

Home phone: _____ Work phone: _____

Cell phone: _____

List any known allergic reactions: _____

Will the student be taking any medication on this trip that is prescribed by a physician?
If yes, name of medication and why: _____

Any medical/other concerns: _____

I hereby give my son/daughter permission to travel on the above school sponsored trip. I give my permission for the Hampden-Wilbraham Regional School District staff members to seek medical assistance for my child in the case of any injury or illness incurred while participating in this school sponsored activity. If I cannot be reached to give my consent to medical personnel, this form will serve to give my permission to carry out necessary treatment.

Name of parent: _____

Parent's signature: _____ Date: _____