

## PERMISSION FORM FOR STUDENT FIELD TRIP

**HOWARD COUNTY  
PUBLIC SCHOOL SYSTEM**

Dear Parents:

The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge.

Please complete the bottom portion of this form, **detach** and return with cash or check to the Teacher-In-Charge. If you can chaperone, please check the box at the bottom and provide your contact information.

The HCPSS Finance Office has contracted with the Envision Payment Solutions, Inc. for the electronic collection of check payments. If the check is returned unpaid, Envision Payment Solutions, Inc. will assess a \$35 fee allowed by Maryland state law and charged as an electronic fund transfer.

School:	River Hill H.S.		
Destination:	SPIRIT OF BALTIMORE CRUISE		
Objective of the trip:	Graduation Celebration		
Class/Group:	Class of 2019		
Departure date:	May 22, 2019	Time:	5:00 P.M.
Return Date:	May 22, 2019	Time:	11:00 P.M.
Bus Company:	Borren's		
Public Transport:			
Cost per student:	\$ 50.00		
Checks payable to:	River Hill High School		
Due Date:	APRIL 25, 2019		
Meal Arrangements:	Dinner Included		
Appropriate Attire:	Dressy Casual		
Total # of Students:	~ 200		
Anticipated Ratio of Chaperones to Students:	1 to 25		

This trip will be:	
Student Day <input type="checkbox"/>	Extended Day <input checked="" type="checkbox"/>
Overnight <input type="checkbox"/>	Non School Day <input type="checkbox"/>

If the trip returns after the regular student day, the parent will pick up the student at the school within 15 minutes of return.

Alternate plans in case of postponement or cancellation: <div style="font-size: 1.2em; color: blue; text-align: center;">cancelled</div>
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There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Teacher-In-Charge: Deb Shannon

Contact number: (410) 313-7120

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

I GRANT PERMISSION FOR \_\_\_\_\_ TO GO TO \_\_\_\_\_  
(PRINT Student Name) (Destination)  
 ON \_\_\_\_\_ I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD  
(Date)  
 RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL. PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBILITIES OF THE POSITION.

CHAPERONE NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 CHAPERONE PHONE NUMBER \_\_\_\_\_ CHAPERONE EMAIL: \_\_\_\_\_

IFAS #39502293 Packet Please detach and return this bottom portion with your payment to the Teacher-In-Charge

Revised 7/14/2014

**EMERGENCY PROCEDURE/HEALTH INFORMATION for  
EXTENDED DAY, OVERNIGHT FIELD AND FOREIGN TRAVEL TRIPS**

**MUST BE COMPLETED BY PARENT FOR ANY STUDENT ATTENDING TRIP**

STUDENT'S NAME \_\_\_\_\_ MALE\_\_\_\_ FEMALE\_\_\_\_

LAST NAME FIRST NAME MIDDLE INITIAL

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

**EMERGENCY NOTIFICATION**

(List in order of Notification - Parent/Guardian will be contacted first unless otherwise specified.)  
MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST HOSPITAL

NAME OF PERSON \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME OF PERSON \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**HEALTH INFORMATION**

(Please list & give dates if known)

**Health conditions/operations:**

**Handicapping Conditions:**

**Allergies** (medication, food, insects, etc.):

Describe the usual **symptoms/reactions:**

**Medications** (prescription and non-prescription):

**If prescription or over-the-counter medication is to be taken, a separate written order from your physician specific to Medication Form/Physician's Order (IFAS# 39513035) is required. Refer to attached Medication/Treatment Order. MEDICATION MUST BE PROVIDED FROM HOME. There will not be a school nurse in attendance on this trip.**

Does your child have any activity restrictions? Yes\_\_\_\_ No \_\_\_\_ If yes, please explain. \_\_\_\_\_

Does your child have dietary restrictions? Yes\_\_\_\_ No \_\_\_\_ If so, what are restrictions? \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**The information you provide will be handled in a confidential manner. Information provided on this form will be shared with staff as necessary to maintain your child's safety.**

INSURANCE COMPANY _____	POLICY OR BINDER NUMBER _____
PERMISSION IS GRANTED FOR TREATMENT OF THE ABOVE NAMED PARTICIPANT BY A PHYSICIAN AND/OR HOSPITAL FOR ANY MEDICAL OR SURGICAL EMERGENCY.	
PARENT/GUARDIAN SIGNATURE _____	DATE _____