

GREEN MEADOW SCHOOL OFF CAMPUS/TRIP FORM 2009-2010

Students (N/K-12th grade) will not be permitted to go on class trips without the completed form

Student's Name _____ Grade _____ Date of Birth _____

Parent/Guardian _____ Parent/Guardian _____

Address _____ Address _____

Please fill out all the requested information. Then indicate, by placing check marks in the boxes, which phone numbers & email addresses you wish to be used to contact you in the event of an emergency during the school day.

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email Address _____ Email Address _____

Family Physician _____ Phone Number _____

Person to notify in event of an emergency (other than parent) _____

Phone (s) _____ / _____

I DO _____ DO NOT _____ *AUTHORIZE GREEN MEADOW TO SEEK EMERGENCY MEDICAL TREATMENT FOR MY CHILD.*

I DO _____ DO NOT _____ *AUTHORIZE GREEN MEADOW TO ADMINISTER HOMEOPATHIC REMEDIES TO MY CHILD.*

(Parent Signature)

(Date)

Insurance Carrier _____ Policy ID# _____

Is student taking medication? If yes, please list and include dosage _____

Is student allergic to medication? If yes, please note _____

Date of last tetanus booster _____

Any special instructions? _____

I GIVE PERMISSION FOR _____ TO TAKE PART IN TRIPS ORGANIZED BY THE SCHOOL DURING THE SCHOOL DAY AND OUTSIDE OF SCHOOL TIME. I AM AWARE THAT ON OCCASIONS OTHER PARENTS MAY USE THEIR OWN CARS TO TRANSPORT STUDENTS. *Parents who use their cars for such a trip will need to provide the school with a copy of their driver's license and proof of insurance.*

Signature

Date