

**FIELD TRIP PARENT PERMISSION FORM
2016-2017 SCHOOL YEAR**

I, as parent or guardian, give permission for _____
Student's First and Last Name

To participate in activities in the greater Salem community, whether for choice block, extensions block, service learning, or any other academic enrichment activity.

1. Mode of transportation: **Walk, School Van, or Bus**
2. Will leave from: **Salem Academy**
3. Will return: **Salem Academy or other** _____

Students will be accompanied by an appropriate number of adults: teachers, aides, parents, or school volunteers. I understand that my son/daughter will be obliged to abide by Code of Discipline while participating in this field trip. **In the event of serious illness or injury to my child/ward, I expressly consent to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable.**

Please check the appropriate box:

My child **DOES** require medication during this authorized field trip

My child **DOES NOT** require medication during this authorized field trip

If needed, I hereby authorize dispensation of medication by trained, non-nursing school personnel in an emergency and/or life threatening situation or as prescribed by my child's primary provider. I further understand that such trained staff must be present for the administration of medication during this trip.

I have read this Permission Slip and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Parent's/Guardian's Signature _____ Date: _____

Address _____
Apt. # Street City State Zip Code

Contact Phone Number: _____