

SECONDARY
LINCOLN SCHOOL DEPARTMENT
FIELD TRIP PERMISSION SLIP

A field trip is considered an integral part of the instructional program of the school. Accordingly, all school rules apply and the following information is required in order for a student to participate. My son/daughter has permission to participate in the field trip listed below:

Method of Transportation: Coach Bus	
Teacher in Charge: Jennifer London	
Field Trip Destination: Burke Mountain Resort, East Burke, Vermont	
Date of Trip: March 4, 2023	Rain Date: none
Time of Departure: 5:00 AM	Estimated Time of Return: 9:00 PM
Estimated Cost to Student: \$120 (early bird) Bring a Bag Lunch: <u>Maybe - Yes</u> _____ No after February 17, 2023 \$125 (regular price) <i>No Glass Containers, Please!</i>	

CUT HERE AND KEEP TOP PORTION

Please Complete ALL portions of the permission slip and return to child's teacher

Student's Name:	Grade:
Parent/Guardian Business phone:	Home Phone:
Emergency Contact Person:	Phone Number:
Medical Conditions:	Allergies:
Student cell phone:	Student email: @lincolnps.org
(Circle) Ski or Snowboard Rental: Yes or No Lesson: Yes (Additional Cost \$30) or No	
Medication needed on Field Trip? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please Check) Field trip Medication Permission Slip (Back of form) must be filled out completely in order for student to be able to administer his/her medication. Form must be returned 1 week prior to field trip.	

Student should have adequate medical insurance coverage: either school student accident insurance (offered in September of each year) or comparable coverage carried by the family.

- () My child has a student accident policy.
- () My child has comparable coverage carried by the family.

Insurance Company: _____ **I.D. #:** _____

- () No coverage

In case of emergency, I understand every effort will be made to contact parent/guardian. In the event I cannot be reached, I hereby give permission to the school staff member in charge to secure treatment for my child.

Signature of parent/guardian: _____ Date: _____

Special considerations for our trip: There are two possible trip prices; an early bird price & a regular price
 Burke Mountain Resort, East Burke, Vermont **Early Bird \$120 - after 2/17/23 \$125**

Field Trip Medication
Permission Slip

Date of Field Trip: _____ Location: _____

Student's Name _____

Medication: _____ Time to be taken: _____

A student may self-carry and self-administer a **DAY'S SUPPLY** of medication, including a controlled substance, during an off-site activity (e.g., field trip). All medication shall be **SUPPLIED BY THE PARENT** and shall be stored and transported in its manufactured container (in case of a non-prescription medication) or its original **prescription labeled container** (in case of a prescription medication).

In case of a **prescription medication**, a licensed health care prescriber's written order shall be provided, if it is not already in the school.

Please check one:

Written order attached:

On file at school:

A student shall be prohibited from sharing, transferring, or in any way diverting his/her own medication(s) to any other person.

Student Signature: _____

No school teacher, school administrator, or health personnel, or any other school personnel shall be liable for civil damages which may result from acts or omissions which may constitute ordinary negligence when a student self-carries and/or self-administers his/her own medication(s).

I have read the above terms of the Lincoln Public School policy of students self-carrying and self-administering medication at an off-site activity. I give permission for son/daughter _____ to self- carry, transport, and self-administer a day's supply of medication.

Date: _____

Signature: _____