

MONONGALIA COUNTY SCHOOLS
Student Activity/Field Trip Permission Form
Extended Day or Overnight

School: University H.S.

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Destination: Charleston Civic Center
 Departure Date and Time: 3/15/17 7:30 a.m.
 Return Date and Time: 3/15/17 ~ 4:30 p.m.

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I the parent/guardian of _____ give permission for my child to participate in this event. I understand if any of the health information changes prior to the field trip it is my responsibility to notify my child's teacher and the School Nurse.

Health Information

Please list any health concerns the teacher/sponsor should be aware of during the field trip: _____

My child receives Daily Medications at school Yes No

My child has Emergency Medications at school Yes No
 (Examples: Inhaler, Epi Pen, Glucagon, Diastat or other seizure medications)

List medication: _____

My child has a note from their MD on file at school that allows them to self-administer and carry their Emergency Medications Yes No

My child has "As Needed" medication at school that I would like to be sent on the trip. Yes No

(Medication will only be sent if the completed MCS Medication Form is on file with the School Nurse and there is medication at school to send 2 weeks prior to the field trip)

My child receives "Daily Medication" at home Yes No

List medication: _____

My child will need to be administered "Daily Home Medication" while on field trip Yes No

My child may need to have as needed medication or emergency medication that he does not have at school on field trip Yes No

(Parent must provide a MCS Medication Form filled out by Physician and Parent for the medication to be given on the trip. Medication must be in the original bottle with correct dosing label. Medication and MCS Medication Form must be given to the School Nurse 2 week prior to field trip)

(If any part of the Health Information is filled out or answered YES Teacher /Sponsor is responsible for informing the School Nurse 2 week prior to Field Trip or Activity)

Parent/Guardian: _____ Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell: _____

PARENTAL CONSENT FORM

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: _____

PARENT/GUARDIAN'S NAME _____

PHONE 1: _____ PHONE 2: _____

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____ to participate in this school activity that requires transportation to a location away from the district site. This activity will take place under the guidance and direction of school employees from University High School.

A brief description of the activity follows:

Date of event or activity: 3/15/17

Description of event or activity: Attend the boys' basketball state tournament

Destination of event or activity: Charleston Civic Center

Individual in charge or and responsible: Mr. Caskey

Estimated time of departure and return: Departure: 7:30 a.m. Return: ~ 4:30 p.m.

Mode of transportation to and from event: bus

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant").

I agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend University High School, Monongalia County Schools, the Monongalia County Board of Education its officers, directors and agents, chaperons, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought University High School, Monongalia County Schools, the Monongalia County Board of Education and their officers, directors and agents, chaperons, or representatives associated with the event, arising from or in connection with my child's attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate University High School, Monongalia County Schools, the Monongalia County Board of Education, its officers, directors and agents, and the chaperons, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

PARENT Signature _____ Date _____

STUDENT AGREEMENT

I _____ agree to follow all University High School rules and regulations while on the bus and at the Charleston Civic Center. Failure to do so may result in disciplinary action upon return to UHS.

STUDENT Signature _____ Date _____