The Bucks County Montessori Charter School
Field Trip Permission Slip

My son/daughter _____ has permission to accompany a group of students to Philadelphia to visit the Academy of Natural Sciences on (date) Friday, March 2nd, 2018 (time) 9AM - 1PM. I understand that this is an educational trip sponsored and sanctioned under the auspices of the school. I also understand that my signature releases the school of full liability. Payment and this permission form are due by Monday, February 26th. Payment should be submitted at myschoolaccount.com with the ordering date of March 2nd.

If my child will need medication administered to him/her while on this trip, I will contact his/her teacher to determine whether or not arrangements can be made for it to be administered on this trip. The school nurse will not be accompanying my child on the classroom extension. If we are unable to make arrangement for medication during this trip, you will be notified.

Does your child have a special health problem or physical limitation (e.g., asthma, diabetes, bee sting allergy, etc.)? Yes _____ No _____ Explain _____

Will your child need medication on the trip? Yes _____ No _____

Name of medication _____ Dose _____ Time _____

Possible side effects _____

Person to contact in case of emergency: Name _____

Phone _____

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary. I give permission to BCMCS to make whatever emergency measures are judged necessary for the care and protection of my child while under their supervision.

I hereby waive, release and hold harmless BCMCS, its employees and agents from liability for any claim arising out of harm, injury or damage of any kind in connection with this trip.

_____ _____

Parent/Guardian Signature **Date**

Health Insurance Carrier: _____

Named Insured: _____ **Policy#:** _____