Bucks County Montessori Charter School Field Trip Permission Slip

| My student | has permission to accom | pany a group of students to |
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| Bowman's Hill to visit the Wildflower Preserve on May 30th from 9am-2pm. 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. This is an outdoor event. Please dress accordingly (rain or | | |
| | | |
| If my child will need medication administere to determine whether or not arrangements school nurse will not be accompanying my clarrangement for medication during this trip, Does your child have a special health problem No Yes Explain: | can be made for it to be addenited on the classroom exten you will be notified. m or physical limitation (e.g | ministered on this trip. The sion. If we are unable to make ., asthma, diabetes, allergy, etc? |
| | | |
| | | |
| Will your student need medication on this tr | ip? No Yes | |
| Name of medication | Dose Time | <u>:</u> |
| First Emergency Contact Name: | Phor | ne: |
| - Inst Emergency contact name: | | |
| 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 | agentsfrom liability for any |
| claim arising out of harm, injury, or damage of any kind in connection with this trip. | | |
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| | | |
| Parent Signature | Date | |
| Turent dignature | Dute | |
| Health Insurance Carrier | Name Insured | Policy Number |
| | L MA ACTO | • |
| Amount due via MySchoolAccount <u>\$7.00</u> due late payments. The payment date for the trip MySchoolAccount preorder calendar. | | |
| Please Check if you would like to possibly ch | anerone Chanerones are fr | ee of charge. We will notify you |
| via email if you have been randomly selected | | |
| like to chaperone, please be sure all clearance | | |

tab of the website.