Bucks County Montessori Charter School Field Trip Permission Slip

| My student | has permission to accom | pany a group of students to <u>The</u> |
|--|-----------------------------------|--|
| <u>Lucky Cupcake in Peddler's Village</u> on <u>May 25th</u> from <u>10:00am-1:00pm</u> . I understand that this is an educational trip sponsored and sanctioned under the auspices of the school. I also understand that my | | |
| | | |
| If my child will need medication administ | ered to him/her while on this to | rip, I will contact his/her teacher |
| to determine whether or not arrangemen | nts can be made for it to be adn | ninistered on this trip. The |
| school nurse will not be accompanying m | y child on the classroom extens | sion. If we are unable to make |
| arrangement for medication during this to | rip, you will be notified. | |
| Does your child have a special health prol | blem or physical limitation (e.g. | , asthma, diabetes, allergy, etc? |
| No Yes Explain: | | |
| | | |
| Will your student need medication on thi | s trip? No Yes | |
| Name of medication | Dose Time | <u>:</u> |
| First Emergency Contact Name: | Phon | e: |
| necessary. I give permission to BCMCS to for the care and protection of my child w I hereby waive, release, and hold harmle claim arising out of harm, injury, or dame | while under their supervision. | agents from liability for any |
| Parent Signature | Date | |
| Health Insurance Carrier | Name Insured | Policy Number |
| Amount due via MySchoolAccount \$10.00 late payments. The payment date for the MySchoolAccount preorder calendar. | | |
| Please Check if you would like to possibly via email if you have been randomly selective to chaperone, please be sure all clear tab of the website. | cted (if we have more voluntee | rs than required). If you would |