

\*Please fill out both sides of this form\*\*

THE AMHERST-REGIONAL PUBLIC SCHOOLS

Serving Amherst, Pelham and the Amherst-Pelham Region

OFFICE OF THE SUPERINTENDENT  
170 CHESTNUT STREET  
AMHERST, MA 01002

413-362-1810 (PHONE)  
413-549-6108 (FAX)

Permission Form for Student's Participation in Field Trip

Please note that if any information is missing, if any required signature is not provided or if the form is altered in any way, the student will not be able to participate in the field trip

Student: \_\_\_\_\_  
Last name \_\_\_\_\_ First name \_\_\_\_\_

School Amherst Regional High School Grade 12

Has permission to participate in a field trip to: Reality Fair at GGC

Name of Teacher Organizing Trip: Ericka Alschuler / Myra Ross

Date of Field Trip 3/22/18 Leave School at: 8:15 a.m. p.m.

Alternate Date of Trip: N/A Return to School at: 1:45 a.m. p.m.

Parent/guardian name \_\_\_\_\_

Address \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Medical or other issues that should be brought to the attention of the field trip supervisor(s). (Please be specific about medications, allergies, chronic conditions, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this child take medication in school? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, you must call the school nurse at \_\_\_\_\_ . Specific arrangements must be made in advance for medication to be given on a field trip.

Health insurance provider \_\_\_\_\_ Policy number \_\_\_\_\_  
Preferred local hospital \_\_\_\_\_ Doctor \_\_\_\_\_

Please complete all portions on the reverse side of this form including signature line.

\* \*Please return by March 12, 2018 \*\*

In case of emergency, if parents are unavailable these people may act in place of parents:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_  
Home phone (   ) \_\_\_\_\_  
Work phone (   ) \_\_\_\_\_  
Cell phone (   ) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_  
Home phone (   ) \_\_\_\_\_  
Work phone (   ) \_\_\_\_\_  
Cell phone (   ) \_\_\_\_\_

By signing this form, I hereby give permission for my child to be transported, and to take part in all activities on this field trip.

By signing this form, I also give permission to school personnel to transport my child to a medical facility if necessary, and to consent to and secure emergency medical treatment for my child if necessary for which I will be financially responsible.

By signing this form, I acknowledge and agree that the adults serving as the supervisor(s) and chaperone(s) on this trip have the right to enforce the handbook's code of conduct on this trip.

Parents/Guardians: If there is any information about your child which you think the chaperones should know, please specify below:

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I consent to my child's participation in this field trip. In consideration of his/her being permitted to participate, I, on behalf of myself and my child, release and agree to hold harmless the Amherst, Pelham and Amherst-Pelham Regional Schools and its employees, as well as those attending the trip as the supervisor(s) or chaperone(s), from any and all claims or actions, in any way related to this field trip.

In addition, I, on behalf of myself and my child, agree to indemnify the Amherst, Pelham, and Amherst-Pelham Regional Schools and its employees, as well as those attending the trip as the supervisor(s) or chaperone(s), in the event that any claim or action is brought which relates in any way to the field trip.

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Signature of Parent

Date

While on this field trip, I give permission to publish my child's picture on the school website.

(circle)      YES      NO

The total cost per student is:       

~~Payment Amount~~

I am enclosing the total cost for my child:  
 I am enclosing the total cost for my child and extra for the scholarship fund:  
 I am requesting my child be given a confidential partial scholarship and I am enclosing the amount totaling:  
 I am requesting a full confidential scholarship for my child.

~~All checks should be made to ARHS.~~