

REESE HIGH SCHOOL

SCHOOL TRIP/ACTIVITY PERMISSION SLIP

Last Name <u>Kearsly High School</u>	First Name <u>Seeger</u>	Birth Date	Age
Location of Trip/Activity <u>11/11/17</u>	Teacher/Advisor <u>Private Vehicles</u>		
Date of Trip/Activity <u>Robotics Competition</u>		Transportation	
Objective of Trip/Activity			
Departure time from RHS <u>7:00 AM</u>	Arrival time at RHS <u>7:00 PM</u>		
<u>Team T-shirt</u>			

Items to bring, wear, etc.

My child needs to take medication during the trip. I give my permission for a member of the school staff to dispense the medication according to the following written directions. The medication will be administered in the presence of another adult and will be logged in the front office records at RHS.

Emergency Contacts:

1. Name _____	Phone _____
2. Name _____	Phone _____

By signing this I am giving permission for my son/daughter to participate in the field trip as outlined above. In addition, I agree to assume the responsibility of expenses incurred for any emergency care that may be needed.

Signature of Parent/Guardian	Date
Home Phone	Work Phone

Parents: Please retain this portion for your information.

RHS field trip location <u>Kearsly HS</u>	Date <u>11/4/17</u>
Teacher/Advisor <u>Seeger</u>	
Departure from RHS <u>7:00 AM</u>	Arrival at RHS <u>7:00 PM</u>
Other Information	