



BCA Hiking Club Permission Form

TRANSPORTATION & CHAPERONES: Mr. Indrelie and Ms. Robie, traveling in faculty personal vehicles

ITINERARY: Depart BCA's High School at 8am on Saturday May 6th to Bretton Woods, NH

Hike ~3 miles to Appalachian Mountain Club's Mizpah Springs Hut for overnight.

Weather permitting, group will attempt to climb nearby 4,000 foot Mounts Pearce, Jackson and Eisenhower.

Return to BCA High School on the evening of May 7th.

COST: \$100, due by April 13th Deadline

Medical & Emergency Care Information

Student Name _____ Date of Birth _____ Grade _____

Address _____

Parent / Guardian Name _____

Parent / Guardian can be reached on the day of the field trip at the following phone number(s):

1) _____ 2) _____

Medical Information

Check all that apply:

None

Allergic to: _____

Significant medical conditions and treatment: _____

Needs to receive the following medication while on the trip: _____

Name of medication and Dose: _____ Time to be given: _____

If taking medication on the field trip you must check one below:

Parent / guardian will deliver medication from home supply to the school

Teacher should obtain this medication from my child's supply kept by the school

I, the parent/guardian, authorize the school administrator to direct members of the school staff to assist/supervise my child in taking the medications listed above, and I agree not to hold liable, any member of the school staff or an individual of official capacity who is directed by me and the school administrator to assist my child in taking said medication. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. In the event of an emergency serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child's well-being while on the field trip.

My child has permission to attend the **BCA Hiking Club Trip May 6-7th, 2017 as outlined above** (for your child's safety, all information requested above must be provided in order for your child to attend).

Parent/Guardian Signature and Date

FOR OFFICE USE ONLY:

Pd _____

Check # _____