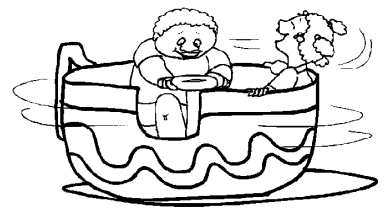


Field Trip Permission Form  
Grades 1-8

# Canobie Lake Park



School date: **Thursday June 8<sup>th</sup>, 2017**

Cost/child: **\$29.00**

Checks payable to: **BCA**

Drop Off at Park: **8:45 AM**

Pick up at Park: **3:45 PM**

Student transportation: **Parents dropping off and picking up at Canobie Lake Park.**

Students that arrive after we have entered the park will have to purchase their own tickets at the gate. Please be there to pick up at 3:45 sharp as the park closes at 4:00pm. Students will be waiting in the front of the main entrance for pick up. If you are planning on carpooling please fill out the carpool portion on this form below.

Students will not be released to anyone other than a parent/guardian without this section completed.

**Parents and siblings are welcome to join us and may purchase tickets at the front gate on the morning of the field trip**

**\*\*Students should bring a bag lunch or money to purchase food at the park\*\***

This form and your payment must be returned by: **Wednesday May 10, 2017**



## Canobie Lake Park June 8<sup>th</sup>

### 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) \_\_\_\_\_

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

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 or 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 Canobie Lake trip June 8, 2017. I have completed the emergency information requested above (*for your child's safety, all information requested must be provided in order for your child to attend*).

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

### Carpool

I am a Carpool Driver

Pd: \_\_\_\_\_

My child will be carpooling with \_\_\_\_\_

# \_\_\_\_\_

**\*\*My child \_\_\_\_\_ will NOT be attending Canobie Lake Park on June 8<sup>th</sup>\*\***