

**RULES AND REGULATIONS GOVERNING FIELD TRIP BEHAVIOR**

DATE OF TRIP: \_\_\_\_\_ TEACHER IN CHARGE: \_\_\_\_\_

DESTINATION OF TRIP: \_\_\_\_\_

Students participating in Field Trip Activities must abide by the following:

- All rules, regulations, and policies governing student behavior in the Amity Regional School System are to be followed. These policies are contained in the Student Handbook/Agenda issued in September.
- Students are to cooperate fully with and follow the instructions of all chaperones and other supervisory personnel. Repeated refusal to follow requests or directions of trip supervisors/chaperones or violation of school rules, regulations, or policies will result in parents being notified and the student being disciplined upon return to school. Behavioral problems may result in the misbehaving student being sent home at the expense of the parents.
- No possession or consumption of alcohol, illegal or controlled drugs, or smoking is allowed at any time during the trip, including transportation. Any violation of the drugs, tobacco, or alcohol policy (BOE Policy 5131.6) will result in parents being notified and the student may be sent home at parents' expense. If illegal substances are found, the police will be notified and prosecution may also result.
- No weapons, firearms, or dangerous instruments may be purchased or used during the trip. If the student violates this policy (BOE Policy 5131.7) the parents will be contacted and the student may be sent home at the parents' expense. Expulsion proceedings are required in such cases. The police will be notified and prosecution may also result.

STUDENT NAME (printed neatly) \_\_\_\_\_

I, the undersigned student wish to go on a school trip to: \_\_\_\_\_

I agree to follow existing school rules, regulations, and/or policies and to cooperate fully with teachers, bus drivers, and others who may be supervising this trip. I will follow good safety practices and will conduct myself so as not to endanger the welfare of myself and/or others. I realize this is a school sponsored event and I may be disciplined, up to and including expulsion, for violation of school rules, regulations and/or policies while participating in this event.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**MEDICAL INFORMATION FORM FOR FIELD TRIPS**

*These two sections must be completed by the student's parent or guardian:*

STUDENT NAME (printed neatly) \_\_\_\_\_ AGE: \_\_\_\_\_  
\_\_\_\_\_ No Known Allergies \_\_\_\_\_ No medication will be taken

List any allergies (i.e. food, environmental), medication, and explain the degree of severity and current treatment for each:

\_\_\_\_\_  
\_\_\_\_\_

List any medications your child may be taking during this school trip\*\*\*

Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Frequency \_\_\_\_\_ Reason (ailment) \_\_\_\_\_

\*\*\*All medications should be given to the chaperones to administer. Prescription medications must be accompanied by a pharmacy label containing the Rx number, the name of the medication, the dosage, directions for administering, and the student's name. "Over-the-Counter" medications should be in a clearly labeled container which includes the name of the medication, the dosage, and the student's name.

**PERMISSION SLIP**

I, \_\_\_\_\_, have read and I understand the school's rules and regulations. I have completed the medical information section, and have discussed both sections with my child. My signature below indicates that I have read all of the above and that I give permission for my child to participate in this school activity. My child agrees to abide by all school rules, regulations, and policies. My signature on this form also gives the chaperones permission to seek medical assistance in case of emergency.

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

Phone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

If I cannot be contacted in an emergency, please call:

Name \_\_\_\_\_ Phone \_\_\_\_\_