

Northern Burlington County Regional High School

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Andrew Kearns, Principal
Douglas Newman, Assistant Principal
Michael Parker, Assistant Principal
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Extension 2046
Extension 2031
Extension 2044
Extension 2041

TRIP PACKET/PARENT PERMISSION FORM

TRIP SPONSOR: _____

TRIP DESTINATION: _____ TRIP DATE(S): _____

As it is necessary for students to travel throughout the year, it is required for all participants to return this permission slip to the Director of his/her activity to cover school sponsored activities. Please read the following rules and regulations and sign in the appropriate spaces.

- 1) **SCHOOL POLICIES:** Students are, at all times, to follow Policies and Regulations as established by the Board of Education and explained in the student handbook. Violators will be dealt with accordingly and consequences may range from exclusion from certain trip activities to the student being sent home early (at the discretion of the chaperones). Any additional expenses incurred to transport the student and chaperone are the responsibility of the parents. Any student who is sent home from a trip will be excluded from participation in all other school/class activities including prom and graduation.
- 2) **ALCOHOL:** Possession, purchase, and/or consumption of alcohol will be cause for terminating an activity or trip for the student involved. Parents/guardians will assume legal and financial responsibility for a return trip home if deemed necessary by the staff.
- 3) **DRUGS:** Possession, distribution of use of prohibited substances will be reported immediately to the proper local authorities. Parents/guardians will assume full legal and financial responsibility at such time.
- 4) **PROPERTY DAMAGE:** Student groups assigned to rooms and/or other accommodations assume group responsibility for any and all property damage that might occur.
- 5) **CHAPERONES:** Chaperones, instructors, and staff have the authority to search persons, personal belongings, and accommodations when they deem it necessary.

We have read the above rules and regulations of the Northern Burlington County Regional High School and understand their implications.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

***Students should return their form to their trip sponsor as soon as possible.
Sponsors should please note that all permission forms must be reviewed
by the nurse's office 72 hours prior to trip departure.***

Personal Information

STUDENT NAME: _____ STUDENT CELL #: _____

STUDENT ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE _____

Medical Information

Please call the school nurse, Mrs. Applegate (ext 2018), with concerns about this section

PHYSICIAN'S NAME: _____ PHONE: _____

MEDICAL INSURANCE COMPANY: _____

POLICY #: _____

PRESCRIPTION PLAN #: _____

PHARMACY: _____ PHONE: _____

HEALTH HISTORY: (check)

- Concussion/Head Injury
- Diabetes (note below if on insulin)
- Asthma (include asthma action plan)
- Epilepsy/Seizures
- Cardiac Problems (specify) _____

Other _____

ALLERGIES: (check)

- Insect/Bee Sting-requiring epi-pen
- Latex Allergy
- Food (list _____)

Medication for Allergies (specify) _____

Any significant medical history other than listed above (including any additional allergies, any physical limitations, surgery within the last year): _____

DATE OF STUDENT'S LAST TETANUS SHOT: _____

Please list or check (✓) all *prescription* and *over-the-counter* medications to be taken on this trip:

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>REASON</u>

- Advil Bactine Throat Lozenges
- Tylenol Antibiotic ointment Burn/Sting/Abrasion Topical Ointment (Solarcaine, Calamine, etc.)

PARENT'S AUTHORIZATION: This health history is correct to the best of my knowledge and the student herein described has permission to engage in all activities, unless otherwise noted by me. I hereby authorize a school representative to stand in loco parentis for my child in the case of medical and/or dental emergencies. I give permission to the physician or hospital selected by a school representative to hospitalize, secure proper treatment for and to order medications, injections, anesthesia or surgery. I realize that all efforts will be made to contact me before any action is taken. I further understand that I am liable for all costs incurred and not covered by my insurance.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____