

ST. JOHNSBURY ACADEMY

SEVEN MAIN STREET
SAINT JOHNSBURY, VERMONT 05819
TELEPHONE: (802) 748-8171
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ST. JOHNSBURY ACADEMY

FIELD TRIP PERMISSION SLIP

Student: _____
(Please print)

I agree to and understand that my son/daughter may participate and attend the field trip scheduled for

Amherst and Leverett, MA

9/21-23

(location)

(date)

Also, I further agree to and understand not to hold the school or the school's representatives responsible for any injury occurring to the above named student in the proper course of such activities and travel associated with said field trip.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make whatever arrangements seem necessary to secure emergency medical care that may become reasonably necessary in the course of the field trip.

Signature of Parent or Guardian: _____

Date: _____

Phone: _____

Emergency Phone: _____

Are there medical concerns the chaperon needs to be aware of?

no yes What? _____

Is your child on prescription medication?

no yes What? _____

Will your child be carrying prescription medication?

no yes What? _____