



Field Trip Form

STUDENT LAST NAME: _____ STUDENT FIRST NAME: _____ GRADE: _____

Your child will participate in several field trips to the Bloomfield Hills Schools Charles L. Bowers School Farm and Bloomfield Hills Schools E. L. Johnson Nature Center. We appreciate your payment for these field trips in advance. Please complete the following form, which will grant your child permission to attend these trips.

I, the undersigned parent or legal guardian of _____, do hereby grant permission for this student to travel to the Farm or Nature Center and attend the scheduled field trip.

Does your child have an allergy/medical problem of which we should be aware on the field trip? yes ____ no ____

If yes, please explain treatment needed: _____

Will your child need to take medication during the trip? yes ____ no ____

If yes, please name the medication: _____ Dosage: _____ Purpose: _____

District policy requires that an Authorization for Medication form be completed for both prescription and non-prescription medication, and that the form be on file at the school office at the time of the field trip. Medication must be returned to the office immediately following the trip.

Reminder: If your student requires medication during the field trip, you must provide the medication to the teacher and explain the purpose of the medication, as well as the required dosage of the medication. If your student needs to carry an Epi-pen or INhaler on his/her person at all times, the parent/legal guardian shall provide the Epi-pen or Inhaler (other than the Epi-pen or Inhaler kept at the school office) to the field trip. If the allergy or medical condition is potentially life-threatening, the school may require that the parent/guardian or other adult designated by the parent/guardian accompany the child on the field trip.

Please submit payment for the field trips in advance. If you prefer to pay by check, please bring your check (payable to Bloomfield Hills Schools) to the main office of your child's school.

Parent Signature _____ Date _____