

FIELDTRIP FACT SHEET



1. CLASS/GROUP PARTICIPATING: _____
2. FIELD TRIP TO (PLACE/LOCATION): _____
3. DATE(S): Jan. 28, Load Bus @ L-S 10:15am, return 1:30 (approx.)
4. DESCRIPTION OF THE ACTIVITY/CURRICULAR CONNECTION: Auditions
5. SCHOOL SUPERVISORS(S): _____
6. EMERGENCY CONTACT NUMBER: 617-680-1728, 339-223-4397

FEE (IF APPLICABLE) _____ TRANSPORTATION Bus
check (make out to LSRHS)
-----detach and return-----

FIELD TRIP PERMISSION SLIP

TRIP DATE(S): _____ STUDENT'S NAME: _____

I HAVE PROVIDED SUITABLE INSURANCE AND CONTACT INFORMATION BELOW. DURING THIS SCHOOL TRIP, I CONSENT TO THE EMERGENCY TREATMENT OF MY SON/DAUGHTER IN CASE OF ILLNESS OR INJURY IF NECESSARY.

SIGNED(BY PARENT/GUARDIAN) _____ DATE _____

STUDENT CONTACT INFORMATION

STUDENT'S CELL PHONE NUMBER# _____

PARENT/GUARDIAN CONTACT INFORMATION:

DAYTIME TELEPHONE#S (1) _____ (2) _____

STUDENT HEALTH/SAFETY AND INSURANCE INFORMATION:

HEALTH OR SAFETY CONCERNS-THINGS CHAPERONES SHOULD BE AWARE OF (allergies, medications and/or recent illnesses): _____

MEDICAL INSURANCE PROVIDER: _____

SUBSCRIBER NAME: _____ PLAN# _____