

MONONGALIA COUNTY SCHOOLS
Student Activity/Field Trip Permission Form High School
School: Morgantown High

**S
C
H
O
O
L**

Destination: _____

Departure Date and Time: _____

Return Date and Time: _____

Transportation

_____ School Bus Provided _____ Private Vehicles _____ Walking _____ Other

Items Needed:

_____ Bag Lunch _____ Money for Lunch _____ Money for _____ _____ None

**P
A
R
E
N
T**

I parent/guardian of _____ give permission for my child

To participate in this event.

My child may be transported by the following: (Please initial all that apply)

_____ Bus _____ May walk to and from destination _____ Other: _____

_____ May ride with School Officials _____ May ride with other students.

Health information

Please list any health concerns the teacher/sponsor should be aware of during this field trip:

My child receives Daily Medications at School: _____ YES _____ NO

My child has Emergency Medications at School: _____ YES _____ NO
(examples: inhaler, EpiPen, Glucagon, Diastat or
Other seizure medications)

List Medications: _____

My child has a note from their MD on file at School that
Allows them to self-administer and carry their Emergency Medications. _____ YES _____ NO

(If any part of the Health Information is filled out or answered YES Teacher /Sponsor Is responsible for informing the School Nurse 2 week prior to Field Trip or Activity).

Parent/Guardian Name: _____ Signature: _____

Home Phone: _____ Work Phone: _____ Cell: _____