

**Berlin Middle High School
Field Trip Permission Form/Emergency Card**

Please return this permission form to _____ by _____.

Your child will be attending a field trip as follows:

Location: _____

Mode of Transportation: **Berlin Central School District Transportation**

When: _____

Time: Leave school: _____ Return by: _____

I give my child, _____, in Grade ____ permission to attend the field trip to _____ on _____. In an emergency, I give permission for my child to receive emergency medical treatment. In case of an emergency during the time of this trip, please contact:

_____ at _____.
(please print name) (phone)

Does your child have any serious health concerns that may require care while on this trip? Yes No
If yes, please explain _____

Does your child take any prescription or over-the-counter medications on a regular basis? YES NO

_____ I am/am not (circle one) available to attend this trip to administer medication if a nurse is not available.

_____ I am not available to attend and give permission to _____ to administer medication to my child during the trip.

Does your child have any allergies to insects, food, medication or the environment? Yes No
If yes, please explain _____
EpiPen - Yes No

Parent/Guardian Signature Parent/Guardian Name (please print) Date

**WRITTEN CONSENT MUST BE RECEIVED-TELEPHONE CONSENT WILL NOT BE ACCEPTED
AN EMERGENCY CARD MUST ALSO BE ON FILE IN THE HEALTH OFFICE**