EAST STROUDSBURG AREA SCHOOL DISTRICT

FIELD TRIP PERMISSION FORM

AND

PARENT/ GUARDIAN HOLD HARMLESS AND ACKNOWLEDGEMENT OF RISK AGREEMENT

Dear Parent/Guardian:	2014	SCIEN	ICE OLYMPI	AD
In anticipation of your student's upcoming field trip, we provide the following understanding that the field trip may involve activities which, by their very national individual supervision difficult. Fully acknowledging this, your signature gives per provide the following trips of the provide the following understanding that the field trip may involve activities which, by their very national field trip, we provide the following understanding that the field trip may involve activities which, by their very national field trip may involve activities which, by their very national field trip may involve activities which, by their very national field trip may involve activities which, by their very national field trip may involve activities which, by their very national field trip may involve activities which, by their very national field trip may involve activities which, by their very national field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which is a supervision of the field trip may involve activities which it is a superv	ng information. ture, may be ha	This agreem	ent is entered into	with the f
Name of Staff Member in Charge Fred Ridner		School_H5	SOUTH	-
Specific Site of Departure BACK OF HIGH SCHOOL	Śpecific	Site of Return	BACK OF HIG	gH ScHoul
Destination and Description of Trip * SCIENCE OLYMPIAD Comp	PETITIONS	*		
- SEE DETAILS	5 ATTI	ACHED		
Date of Trip SEE ATTACHED Estimated Hours of Trip:	From:_	N	(Depart)	
Date of Trip SEE ATTACHED Estimated Hours of Trip: Grade/Class 9-12th	To SEE	ATTACH	FO M (Return)	
Cost to Student (if any) Bring money for Lunch Dinner				
Detach Here and Return Lower Portion and Next Pag	ge to School On o	or Before Due	Date	
The parent(s)/guardian(s) must supply the following information for all stude returning to the school on the due date prior to the trip.	ents attending th	Due Date		rm and
Name of Student		D.O.B		
Address				
	City)		(State)	(Zip)
A PARENT OR GUARDIAN CAN BE REACHED AT THE FOLLOWING TEL ACTIVITY:	EPHONE NUM	BERS ON TH	E DAY OF THE	
Parent/Guardian #1: Name:		Home # (
		Work # (
		Cell # ()	
Parent/Guardian #2: Name:		Home # ()	
DED COMES TO COME A CT IT A DADENT OF CHARDIAN CANDDOT DE DE	•	Cell # (
PERSON(S) TO CONTACT IF A PARENT OR GUARDIAN CANNNOT BE RE				
Contact #1:		Phone # ()	
Contact #2:	The state of the s	Phone # ()	

			121. ATTACHMENT B
CHILD'S PHYSICIAN:		Phone #: (_)
PLEASE LIST ANY MEDICAL CONCERNS:			
		-	
PLEASE LIST ANY CURRENT MEDICATIONS:			
PLEASE LIST ANY KNOWN ALLERGIES (List any known alle	ergies, including allergies t	o medications a	und/or treatments):
In compliance with school district policy, no student is permitted t medication essential to your student's health should be made with trip, you are encouraged to accompany your student.			
Parent(s)/Guardian(s) of student requiring daily medication must c	heck one of the following:		• 55,5°88 °
 I will accompany my student on the trip and will administ I understand that my student will omit his/her daily sched My student may take his/her regularly scheduled medicate My student is capable of self-administering his/her medicated district staff member. 	uled medication on the day on upon returning to scho	of the trip.	eise vo
If you check #2, #3 or #4, please provide a doctor's note of confirmation of the confi	nation to the school nurse	at least five (5)	days prior to the scheduled
DATE OF LAST TETANUS SHOT (If known):			
NAME OF MEDICAL INSURANCE COMPANY:			
POLICY NUMBER:			
I/We hereby give my/our consent for		end <u>26/4 Scri</u> (De	ENCE OLYMPIAD EVENTS of Stination of Field Trip)
1/11/2014 3/12/2014 (Name of Studer $\frac{2}{8}/\frac{2014}{2014}$ $\frac{5}{2}/\frac{2014}{2014}$. I/We understand the cost of the (Date of Field Trip)	trip for my child to be	(Amount)	I/We waive any and all
laims against the East Stroudsburg Area School District (school districts, injury or emergency, I/we authorize the officials of the school vent parent(s)/guardian(s), physician, or other persons named on the officials to take whatever action is deemed necessary for the health mergency vehicle transportation, x-ray examination, anesthetic, metendered to the above-referenced student under the general and special or the provisions of the Medical practice Act of 1985, 63 P.S. Staff medicine.	ol district to contact direct his form cannot be contact and safety of my/our stude edical, or surgical diagnos hial supervision, and on the	ly the persons in the under the unde	named on this form. In the dersigned, authorize school ent to any ambulance or other and hospital care to be ysician and/or surgeon listed
Signature of Parent(s)/Guardian(s)			Date
agreement to Field Trip Rules:			
/We the parent(s)/guardian(s) of	_ acknowledge that I/we	are responsible	for my/our child's behavior
(Name of Student) and should my/our child violate school and/or trip rules, he/she may egulations and policies as may be in effect at the time of any field that violations of such rules, regulations and policies shall be subject egulations and policies. My/Our signature below signifies our agrees such.	rip shall remain in full for t to such disciplinary action	ce and effect fo ons as may be p	or all students participating; rovided for in such rules,
(Signature of Parent(s)/Guardian(s)	(S	ignature of Stu	dent)

11/20/2004

2014 ESHS Science Olympiad Events

January 11, 2014

- Battle of Valley Forge Invitational
- Location: Conestoga High School
- Departure Time: 5:30 AM in the rear of the high school
- Approximate Return Time: 7:30 PM in the rear of the high school
- Notes: Bring money for lunch and maybe a quick dinner on the way home.

February 8, 2014

- Tiger Invitational
- Location: Northwestern Lehigh High School
- Departure Time: 6:15 AM in the rear of the high school
- Approximate Return Time: 6:30 PM in the rear of the high school
- Notes: Bring money for lunch and maybe a quick dinner on the way home.

February 28, 2014

- MVC Competition
- Location: Northampton Community College (Bethlehem)
- Departure Time: 7:30 AM in the rear of the high school
- Approximate Return Time: 2:00 PM in the rear of the high school
- Notes: Bring money for lunch.

March 12, 2014

- NEPA Regional Competition
- Location: Penn State Wilkes-Barre Campus
- Departure Time: 6:15 AM in the rear of the high school
- Approximate Return Time: 6:30 PM in the rear of the high school
- Notes: Bring money for lunch and maybe a quick dinner on the way home.

May 2, 2014

- PA State Competition
- Location: Juniata College
- Departure Time: 6:15 AM in the rear of the high school
- Approximate Return Time: 6:30 PM in the rear of the high school
- Notes: Bring money for lunch and maybe a quick dinner on the way home.

**Please note~~~~All return times are approximate so students are encouraged to bring a cell phone to make contact when we are close.