RICHMOND COMMUNITY SCHOOLS
FIELD TRIP PERMISSION SLIP

Richmond High School is planning the following field trip.

Place: **MSBOA Band Festival @ ABHS**

Date(s): **March 7, 2019**

Teacher(s): **Schart**

Approximate Time Involved: **6th hr. - 6:30pm**

Cost of Trip (if necessary): **$0**

Transportation Mode: **X School District Bus**

_____ Contracted Bus Services by____________________

_____ Other____________________

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I, __________________________ (Parent’s Name), give my child __________________________ (Child’s Name) permission to go on the field trip to: **MSBOA Band Fest @ ABHS on March 7 2019** with Mrs. Schack (Teacher’s Name).

As a parent or legal guardian, I remain fully responsible for any legal consequences that may result from any personal actions taken by the named student. I understand by signing this paper that I have read, understand and am in agreement with all of the above information and the guidelines set forth by the Richmond School District. I also give permission to the chaperones to seek emergency medical attention for my child if necessary.

Parent Signature: __________________________

Parent phone number during this trip __________________________

ALTERNATE EMERGENCY NAME __________________________

PHONE __________________________

Please list below any health problems your child may have. Please include any medications that may need to be taken while on the field trip. __________________________

In the event that the child should require emergency medical treatment on this trip and are unable to contact a parent of guardian, it would be helpful for us to have the name of the company which provides medical insurance coverage for your child. Please list that information:

Insurance Company: __________________________

Policy Number: __________________________

Amount enclosed per request: $__________

Due by Feb. 22

**Star Marked**