

STUDENT INFORMATION FORM/PERMISSION SLIP

The information supplied on this form is to be regarded as strictly confidential and shall be made available only to appropriate persons as deemed necessary by adult chaperones accompanying students on the fieldtrip.

I (parent/guardian) _____ have read the information about the Day at the Museum of Vancouver field trip and give my permission for (Student's name) _____ to participate with EBUS Academy on October 24, 2018. I understand it is my responsibility to ensure that my child has safe transportation to and from the event.

Medical and/or Extended Medical Coverage of Student

Care Card Number: _____ Name of Group Medical Coverage: _____

Group Number: _____ Identity Number: _____

Emergency Person: _____ Phone Number: _____

Family Doctor: _____ Phone Number: _____

Medical Alerts:

Precautions to be taken:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Serious known allergies

Precautions to be taken:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Known allergies to medications: _____

Allergy injections or drugs currently prescribed: _____

| Daily medication required: | YES | NO | Name of Drug |
|----------------------------|-------|-------|--------------|
| 1. Diabetes | _____ | _____ | _____ |
| 2. Epilepsy | _____ | _____ | _____ |
| 3. Other | _____ | _____ | _____ |

Is there any other information we should know about your child?

Rules and Regulations:

If, at any time, on this fieldtrip your child is found to be breaking school rules or specific rules regarding this trip, they may be required to return home (at the full cost and obligation of the parent/guardian signing the permission slip) as soon as arrangements can be made.

We are looking to a successful trip and we sincerely hope that your child will benefit from this experience.

Parent/Guardian Signature: _____ Phone: _____

Trip Sponsor/Supervisor: **Barb Ziler & Lisa Geary** Administrative Officer: _____

School: **EBUS Academy** Date: _____