



Mount Greylock Regional School District
1781 Cold Spring Road
Williamstown, MA 01267
(413) 458-9582
FAX (413) 458-9581
www.mgrhs.org

FIELD/TRAVEL STUDY PERMISSION FORM

- I. MGRSD requires each student to have a field/travel study form signed by parents or guardians before they will be allowed to go on a field trip.
- II. All school rules and the code of conduct apply while on field or travel studies.
- III. Building administration reserves the ability to deny a student's participation based on but not limited to excessive absences, recent suspensions, or unserved detentions.

I hereby give permission for: _____

to participate in a field trip to **Saratoga National Military Park**

Town/City: **Stillwater, NY**

Date: **10/20/15** Time: **All day** The teacher in charge is: **Pat Blackman**

Educational Purpose of Trip: **Field study of the Saratoga Battlefield**

Transportation will be by: **School Bus** Bus Fee: **\$5.00**

(cut off here and return bottom portion to teacher by: 10/8/15

PLEASE MAKE \$5.00 CHECK PAYABLE TO "MGRHS" AND RETURN WITH THIS COMPLETED FORM.

I hereby give permission for: _____

to participate in a field trip to: _____

Signature: _____ Date: _____ Phone: _____

(Parent or Guardian – primary contact)

In case of emergency contact:

Name: _____ Relationship: _____ Phone: _____

(Secondary contact)

For medication that is prescribed by a licensed prescriber only and has been delivered to the school nurse by a responsible adult in a pharmacy labeled container, the medication will be administered by the school nurse or her designee. If medication is needed, please sign below.

I give my permission for the school nurse or the teacher in charge to administer _____
(Name of medication/dosage)

The medication is to be administered at _____ on _____
(time) (date)

Signature of Parent/Guardian _____ Date: _____