

Washington Trip Permission Form

Permission is hereby granted for _____ to
(Student's name)

travel to Washington, D.C. with the Senior Class of Coginchaug Regional High School. The permission is granted, being fully aware of and agreeing with conditions that the high school principal reserves the right to send any student home who uses or has in his or her possession drugs and/or alcohol, or who otherwise seriously violates the conditions pertaining to the trip as specified to the participants. Such student will be transported home at the parents'/guardians' expense.

(Parent's Signature)

(Relationship-Parent/Guardian)

(Date)

As parent or legal guardian of _____ now residing at

_____, CT., I hereby give my permission for him/her to be treated by any physician or dentist during his/her trip to the Washington, D.C. area being sponsored by Coginchaug Regional High School of Regional District #13, CT. I further give my permission for the prescribing and administering of such medicines, courses of treatment, and procedures as may be necessary, including emergency surgery.

To the best of my knowledge, he/she has the following allergies:

He/she is presently taking medication for the following condition:

He/she has the following medical or behavioral condition:

(Parent's Signature)

(Relationship-Parent/Guardian)

Home Phone Number: _____ Name of Health Insurance: _____

Work Phone Number: _____ Policy Number: _____

Emergency Phone Number: _____

If student is taking any medication with him/her, the attached medication form must be filled out by the doctor and signed by a parent unless there is already a form on file with the nurse. This is for prescription and over-the-counter medications. Please use a separate form for each medication. If you have any questions, please call Mrs. Branciforte, RN as soon as possible.

THESE FORMS MUST BE RETURNED TO MR. BRADANINI BEFORE MAY 11, 2018