



SWEET HOME HIGH SCHOOL APPROVED
EDUCATIONAL FIELD TRIP

STUDENT'S NAME: _____

SUBJECT: _____ INSTRUCTOR: _____

TRIP LOCATION: _____

DAY OF THE WEEK AND DATE OF TRIP: _____

DEPARTURE TIME: _____ RETURN TIME: _____

Approved field trips are a supplement to our regular curriculum. Each student is responsible for all class assignments and activities missed as a result of this field trip. Participation in the field trip requires parent approval with signature.

TEACHER: Please sign below to indicate your knowledge of this student's participation in this field trip.

Period 1: _____ Period 6: _____

Period 2: _____ Period 7: _____

Period 3: _____ Period 8: _____

Period 4: _____ Period 9: _____

Period 5: _____

MEDICAL INFORMATION

Name of Family Doctor: _____ Doctor's Ph# _____

Is your child taking any medication on the field trip? Yes _____ No _____

If yes, what is the name of the medication: _____

Who is expected to administer this medication: _____

SHOULD EMERGENCY MEDICAL SERVICES BE REQUIRED FOR YOUR CHILD ON THIS TRIP, MEDICAL PERSONNEL WILL BE CONTACTED IMMEDIATELY.

Signature of Parent/Guardian: _____

Telephone Number: _____ Date: _____

STUDENTS. WILL NEED THEIR OWN TRANSPORTATION FROM THE HIGH SCHOOL TO HOME WHEN WE RETURN FROM DARIEN LAKE