RULES AND REGULATIONS GOVERNING FIELD TRIP BEHAVIOR

DATE OF TRIP:	TEACHER IN CHARGE:
DESTINATION OF TRIP:	
 contained in the Student Handbook/Agence Students are to cooperate fully with and for follow requests or directions of trip supervention notified and the student being disciplined home at the expense of the parents. No possession or consumption of alcoholy transportation. Any violation of the drugs, may be sent home at parents' expense. In No weapons, firearms, or dangerous instructions of the parents will be contacted and such cases. The police will be notified and 	ng student behavior in the Amity Regional School System are to be followed. These policies are to a issued in September. Illow the instructions of all chaperones and other supervisory personnel. Repeated refusal to isors/chaperones or violation of school rules, regulations, or policies will result in parents being upon return to school. Behavioral problems may result in the misbehaving student being sent illegal or controlled drugs, or smoking is allowed at any time during the trip, including tobacco, or alcohol policy (BOE Policy 5131.6) will result in parents being notified and the stude illegal substances are found, the police will be notified and prosecution may also result. Unments may be purchased or used during the trip. If the student violates this policy (BOE Policy the student may be sent home at the parents' expense. Expulsion proceedings are required in
I, the undersigned student wish to go on a	school trip to:
I agree to follow existing school rules, regulatio supervising this trip. I will follow good safety pr	ns, and/or policies and to cooperate fully with teachers, bus drivers, and others who may be actices and will conduct myself so as not to endanger the welfare of myself and/or others. I hay be disciplined, up to and including expulsion, for violation of school rules, regulations and/or
Student signature	Date
STUDENT NAME (printed postly)	ACE:
No Known Allergies	AGE:No medication will be taken ental), medication, and explain the degree of severity and current treatment for
No Known Allergies List any allergies (i.e. food, environme	No medication will be taken ental), medication, and explain the degree of severity and current treatment for
No Known Allergies List any allergies (i.e. food, environme each:	No medication will be taken ental), medication, and explain the degree of severity and current treatment for the taking during this school trip***
No Known Allergies List any allergies (i.e. food, environme each: List any medications your child may be Medication	No medication will be taken ental), medication, and explain the degree of severity and current treatment for e taking during this school trip*** Dosage
List any allergies (i.e. food, environme each: List any medications your child may be Medication Frequency ***All medications should be given to the chape containing the Rx number, the name of the medications	No medication will be taken ental), medication, and explain the degree of severity and current treatment for the taking during this school trip***
List any allergies (i.e. food, environme each: List any medications your child may be Medication Frequency ***All medications should be given to the chape containing the Rx number, the name of the medications and the medications are reconstructed by the same of the same of the medication are reconstructed by the same of the same	No medication will be taken ental), medication, and explain the degree of severity and current treatment for the taking during this school trip*** Dosage Reason (ailment) Perones to administer. Prescription medications must be accompanied by a pharmacy label lication, the dosage, directions for administering, and the student's name. "Over-the-Counter"
List any allergies (i.e. food, environme each: List any medications your child may be Medication Frequency ***All medications should be given to the chape containing the Rx number, the name of the medications should be in a clearly labeled containing the reconstruction of the medications should be in a clearly labeled containing the reconstruction of the medications should be in a clearly labeled containing the reconstruction of the medications should be in a clearly labeled containing the reconstruction of the reconstr	No medication will be taken ental), medication, and explain the degree of severity and current treatment for the taking during this school trip*** Dosage Reason (ailment) Perones to administer. Prescription medications must be accompanied by a pharmacy label lication, the dosage, directions for administering, and the student's name. "Over-the-Counter" ainer which includes the name of the medication, the dosage, and the student's name.
List any allergies (i.e. food, environme each: List any medications your child may be Medication Frequency ***All medications should be given to the chape containing the Rx number, the name of the medications should be in a clearly labeled containing the reconstance of the medications should be in a clearly labeled containing the reconstance of the medications should be in a clearly labeled containing the reconstance of the medications should be in a clearly labeled containing the reconstance of the	No medication will be taken ental), medication, and explain the degree of severity and current treatment for the taking during this school trip*** Dosage Reason (ailment) erones to administer. Prescription medications must be accompanied by a pharmacy label lication, the dosage, directions for administering, and the student's name. "Over-the-Counter" siner which includes the name of the medication, the dosage, and the student's name. PERMISSION SLIP , have read and I understand the school's rules and regulations. I have completed the d both sections with my child. My signature below indicates that I have read all of the above and in this school activity. My child agrees to abide by all school rules, regulations, and policies. My s permission to seek medical assistance in case of emergency.
List any allergies (i.e. food, environme each: List any medications your child may be Medication Frequency ***All medications should be given to the chape containing the Rx number, the name of the medications should be in a clearly labeled containing the Item (in the interval of the medications should be in a clearly labeled containing the Item (in the interval of the interval of the medications should be in a clearly labeled containing the Item (in the interval of the i	No medication will be taken ental), medication, and explain the degree of severity and current treatment for the taking during this school trip*** Dosage Reason (ailment) erones to administer. Prescription medications must be accompanied by a pharmacy label lication, the dosage, directions for administering, and the student's name. "Over-the-Counter" ainer which includes the name of the medication, the dosage, and the student's name. PERMISSION SLIP , have read and I understand the school's rules and regulations. I have completed the d both sections with my child. My signature below indicates that I have read all of the above and in this school activity. My child agrees to abide by all school rules, regulations, and policies. My s permission to seek medical assistance in case of emergency.
List any allergies (i.e. food, environme each: List any medications your child may be Medication Frequency ***All medications should be given to the chape containing the Rx number, the name of the medications should be in a clearly labeled containing the Item (in the interval of the medications should be in a clearly labeled containing the Item (in the interval of the interval of the medications should be in a clearly labeled containing the Item (in the interval of the i	No medication will be taken ental), medication, and explain the degree of severity and current treatment for the taking during this school trip*** Dosage Reason (ailment) erones to administer. Prescription medications must be accompanied by a pharmacy label lication, the dosage, directions for administering, and the student's name. "Over-the-Counter" siner which includes the name of the medication, the dosage, and the student's name. PERMISSION SLIP , have read and I understand the school's rules and regulations. I have completed the d both sections with my child. My signature below indicates that I have read all of the above and in this school activity. My child agrees to abide by all school rules, regulations, and policies. My s permission to seek medical assistance in case of emergency. Date