

BHS STUDENT TRAVEL AUTHORIZATION FORM

Return Form by:

Student Name:

Student Cell #

Trip Destination:

Date:

Relationship to Curriculum:

Cost to Parents:

Mode of Transportation:

Teacher Sponsoring Trip

Please make checks payable to:
Burlington High School

TRIP ITINERARY

Departure Time:

Return Time:

Day: Blue
White

Teacher approval to be absent from scheduled class:

B1

W1

B2

W2

B3

W3

B4

W4



Parent/Guardian -First Contact:

Name:

Relationship:

Address:

Home Phone:

Work Phone:

Cell Phone:

Physician Name and Phone #:

Parent /Guardian-Second Contact:

Name:

Relationship:

Address:

Home Phone:

Work Phone:

Cell Phone:

Dentist Name and Phone#:

Medical Treatment-Personal Property Waiver

* If your child has any health condition that requires significant modifications, please contact the school nurse @ 864-8586.

* Please be advised there may be no nurse/medical personnel on site.

* Please be advised that student behavior can result in the loss of field trip privileges and any non-refundable monies paid.

The chaperones should be aware that my child has the following medical condition(s) and is taking medications:

Allergic to: Medical Condition:

Medications:

I/We authorize the student's advisor/chaperone to act in the best interest of my/our child in the event of a medical emergency when the parent/guardian(s) can not be reached. I/We give my/our permission for the use of any form of medical treatment deemed necessary by attending nurses and physicians and also authorize transport of my child by either private vehicle or ambulance in order to facilitate necessary treatment. I/We bear sole responsibility for damage or loss to personally owned student property and absolve the Burlington Public School system and the Board of education of any responsibility to this regard.

Parent/Guardian

Medical Insurance Company: _____

Name of Policy holder: _____

Date

Address: _____

ID/Policy #: _____