THEODORE ROOSEVELT HIGH SCHOOL
Kent, Ohio
Parental Approval 1 Day Educational Field Trip

Dear Parents:

Your child is eligible for participation in an educational trip as described below. Please read the form carefully and provide the necessary data. No student will be permitted to participate in the field trip unless he/she has first submitted a completed form, signed by both parents/guardian/single parent having sole legal custody of the child.

I. Student's Name: _____
Last First Initial

Student's Address _____
Street City Zip

School: RHS Grade: _____

Students will be traveling by KCS Bus to Brandywine

and will leave Stanton MS at 03:45 pm

on Wednesday 01/11/16 .
Day Date

Students will be returning to school/or Stanton MS at 09:00 pm

on Wednesday 01/11/16 .
Day Date

Teacher(s) in charge of trip: Mr. Jeff Thompson

EMERGENCY TREATMENT

II. In the event that my child should become ill or injured during the course of this educational trip, I request that you make reasonable attempts to contact me. In this event, if reasonable attempts to reach me at _____ or _____ or _____
Home Phone # Work Phone # Friend's Phone #

have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by a licensed physician; and (2) the transfer of the student to a hospital or emergency facility as deemed necessary by school personnel and/or physician.

_____ _____
Date Parent/Guardian

_____
Parent/Guardian

III. It is understood and agreed that the student shall comply with all rules and regulations of the Board of Education, including suggestions, recommendations, rules and regulations of chaperones and staff members in all matters pertaining to the program or personal conduct.

I have read, understand, and accept the above-stated conditions. My child has my permission to participate in this trip.

_____
Parent/Guardian

_____
Date

_____
Parent/Guardian

Revised 6/97