



Green Mountain Union High School
716 VT Rte 103 South, Chester, VT 05143
802-875-2146 Main 802-875-3183 Fax

FIELD TRIP PERMISSION FORM

Student Name: _____ Grade: _____

Student Cell phone: _____

My child has my permission to attend a school sponsored field trip on: _____
to: _____

The students will leave at _____ and return at approximately _____. The cost for participating in this activity will be \$ _____ for each student.

1. Allergies: ☐ Food (please state specifics): _____ ☐ Bee ☐ Latex
☐ Medication ☐ None ☐ Other: _____

Do you carry Epinephrine? ☐ Yes ☐ No

2. Asthma: ☐ Yes ☐ No Do you carry an inhaler? ☐ Yes ☐ No

3. Diabetes: ☐ Yes ☐ No Attached instructions as needed

4. Special Medical Problems: _____

5. Prescription Medications required for trip: (if none please state)

6. Medical Insurance Carrier: _____

7. Family Physician or Healthcare Provider: _____

I also, hereby give permission for the designated chaperone to give my child any required prescription medication and/or seek medical attention if necessary while participating in this field trip.

My child understands that they will be subject to all facility regulations and that GMUHS rules regarding appropriate student behavior are in effect for this trip.

Parent/Guardian Name: _____ Signature: _____

Contact number during field trip: _____ Date: _____

Student Signature: _____ Date: _____

My student will need a lunch provided by the school: ☐ Yes ☐ No