

Bangor Public Schools

"Providing Educational Excellence as a Pathway to Success"

General trip information:

- Class/Group:
- Destination:
- Leave from: _____ Date: _____ Time: _____
- Time of departure:
- Return date: _____ Return time: _____
- Number of students:
- Number of adults/chaperones:
- This activity provides a learning experience for the students and allows for them an opportunity to apply their classroom learning. If you have any questions please contact the teacher leading the trip.

Type of Transportation

District Vehicle: _____ Commercial transportation _____ Other (explain) _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parents/guardians immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed. Does your child have Medical Insurance Coverage? yes _____ No _____

Name of Family Doctor: _____

Phone Number: _____

Name of Insurance Carrier : _____

Phone Number: _____

The following special health problems should be noted and adequate precautions taken:

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury. Being fully aware of the risks, I hereby give consent for my student

_____ to participate in the activity. Parent / Guardian Name:

_____ Day time Phone _____

Evening Phone: _____

Home address _____

Emergency Contact: _____ Emergency Contact Phone: _____

Signature of Parent / Guardian _____

Parent / Guardian signature reflects their knowledge and approval of the above activity. This form must be returned to the school before the students is involved in the activity.