

**Monhegan School**  
Monhegan Island  
Maine 04852

**Field Trip Permission Form**

Form: IJOA-1

By signing this form I give permission for my child, \_\_\_\_\_,  
to participate in the school field trip to \_\_\_\_\_  
during the following dates: \_\_\_\_\_.

I also give my permission for any appropriately designated representative of the Monhegan School to obtain any medical or other emergency services that in his/her judgment seems appropriate for the above named student. In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make whatever arrangements are deemed necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Phone numbers where parent(s) may be reached during trip:

- a) \_\_\_\_\_
- b) \_\_\_\_\_

Physician's Name \_\_\_\_\_  
Physician's Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_  
Policy Number(s) \_\_\_\_\_

Does your child need to take medication(s) during the field trip? \_\_\_ Yes \_\_\_ No

**If yes, please be sure you are familiar with the school's policy on Administration of Medication to Students (JLCD). You may be asked to accompany your child or complete a Monhegan School Administration of Medication Form (JLCD-1) for the medication(s) in question.**