**Complete and return to the teacher/advisor:**

**STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE \_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_**No allergies (check) \_\_\_\_\_\_\_\_\_\_No medication will be taken (check)

List any allergies, e.g. food, environmental, medication, and explain the degree of severity and

current treatment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications your child may be taking during this school trip. \*\*\*

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason (ailment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Prescription medication must cleared by the school nurse. Once cleared, the nurse will give the medication to the chaperones to administer during the trip. Prescribed medications must be accompanied by a pharmacy label containing the RX number, the name of the medication, the dosage, directions for administering, and the child’s name.

**I**, the undersigned parent, have read and understand the school’s rules and regulations, completed the medical information section and have discussed both sections with my child. My signature below indicates that I have read all of the above and given permission for my child to attend the school trip to:

MOMA (Museum of Modern Art) NYC April 1st **7:30am-4:30pm**

and that he/she agrees to abide with all school rules and regulations. My signature on this form also gives the chaperones permission to seek medical assistance in case of an emergency.

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone # (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In case of an emergency and I cannot be contacted, please call:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I,** the undersigned student, agree to follow existing school rules, regulations, and/or policies and to cooperate fully with teachers, bus drivers, and others who may be supervising this trip. I will follow good safety practices and will conduct myself so as not to endanger the welfare of myself and others. I realize this is a school sponsored event and I may be disciplined, up to and including expulsion, for violation of school rules, regulations and /or policies while participating in this event.

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**