FIELD TRIP PERMISSION FORM
HHS ROBOTICS: Ramp Riot [Due by 10/28]

I. **Information** ______________________________ is seeking
(Student's Name)
permission to go on a field trip with Haverford High School's Robotics Team.

Destination	Date	Departure Time	Return Time
Wissahickon High School *521 Houston Rd, Ambler, PA 19002*	11/02/2024	6:30 AM	6:00 PM*

* Return time may vary based on our competition match schedule. Students will be prompted to call home 30 minutes out from return.

under the supervision of: Transportation provided by:

Cassie Pezza	Gianine Breslin	Haverford S.D. personnel in the form of
(610) 233-5951 cpezza@haverfordsd.net	(610) 633-7811 gbreslin@haverfordsd.net	School District provided bus & certified bus driver

II. Expectations Students **MUST** wear their team shirt, closed toed shoes, and school appropriate clothing. No outside food or beverage (aside from a personal water bottle) may be brought into the venue. Students should bring **cash** with them to purchase lunch and snacks throughout the day

Ramp Riot is hosting a food drive, please bring food in!

The booster club is hosting a Panera Bread Fundraiser the same day as Ramp Riot from 4pm until 8pm. See team484.org/current-fundraisers for more info!

III. Guardian Approval

I, ______________________________, acknowledge that I am aware and grant
(Guardian's Name)
permission for my child to attend this trip. I understand that should my child decide not to go after submitting this form, the team mentors (listed above) must be informed prior to the scheduled departure time. If not, the guardian listed below ***will*** be called at departure time to confirm!

Guardian's Name__________________________ Cell Phone _________________

Guardian Signature_________________________________ Date___________

Please complete and sign other side

III. STUDENT MEDICAL/TRIP AUTHORIZATION

Medical Information
Medical Insurance (Name & ID #)____

Personal Physician (Name & #) ____

Allergies (including medications)____

Epilepsy ▢Yes ▢No **Diabetes** ▢Yes ▢No **Bee Sting** ▢Yes ▢No

Other_______________________________________

Daily Medication (name & frequency)

____

Will medication administration be required during the trip? ▢Yes ▢No ▢ In emergency

I assume financial responsibility for any medical bills. I further release the school district and its representatives from responsibility for any problems that might be incurred as a result of medical care and/or treatment.

Student Name________________________ Guardian Name__________________________

Guardian Signature____ Date____________

Day of Emergency Contacts

Name ______________________________ **Name**_______________________________

Relation_____________________________ **Relation**_____________________________

Phone______________________________ **Phone**_______________________________