FIELD TRIP PERMISSION FORM
HMS ROBOTICS: Ramp Riot Scrimmage <mark>[Due by 10/27]</mark>

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**_____