FIELD TRIP PERMISSION FORM
HHS ROBOTICS: HAVOC [Due by 10/29]

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
Hatboro Horsham High School *899 Horsham Road Horsham, PA, 19044*	10/31/2025	6:45 AM	7:45 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:

Cassie Pezza
(610) 233-5951 cpezza@haverfordsd.net

Transportation to be provided by Haverford S.D. in the form of school provided bus

II. Guardian Approval

I, _____, hereby grant permission for my child to

(Guardian's Name)

attend this trip and for the properly designated school personnel to have emergency care rendered to my child.

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.

Guardian Signature_____ Date_____

Phone_____ Email_____

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**_____