

**EASTERN WESTMORELAND CAREER AND TECHNOLOGY CENTER**

**Field Trip Eligibility Form**

**FORM MUST BE COMPLETED AND RETURNED TO TEACHER BEFORE THE DATE OF THE FIELD TRIP.**

**PART 1: STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent or Guardian's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Home Address \_\_\_\_\_ Business/Work Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Location of Field Trip \_\_\_\_\_ Date(s) or Period(s) of Event \_\_\_\_\_  
Shop Teacher(s) Name \_\_\_\_\_ Class/Organization Name \_\_\_\_\_

**PART 2: TREATMENT AUTHORIZATION FORM – PARENT MUST SIGN**

Student's Physician \_\_\_\_\_ Physician's Office Telephone \_\_\_\_\_  
Any known allergies or medical problems \_\_\_\_\_ Is student on medication? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If so, please list name and dosage \_\_\_\_\_  
Student must give medication to teacher/supervisor. Health Insurance Company Name \_\_\_\_\_  
Type of Coverage \_\_\_\_\_ Policy No.: \_\_\_\_\_  
I, the undersigned, being the parent or legal guardian, hereby designate \_\_\_\_\_  
(Teacher's Name)  
to dispense the medication above and authorize emergency medical and/or surgical treatment of the above named student.

**SIGNATURE OF PARENT** \_\_\_\_\_ Date \_\_\_\_\_

**PART 3: PARENT CONSENT FORM – PARENT MUST SIGN**

I grant permission for \_\_\_\_\_ to attend the activity above and relieve Eastern Westmoreland Career and Technology Center of all responsibility connected with this extra-curricular activity.

**SIGNATURE OF PARENT** \_\_\_\_\_ Date \_\_\_\_\_

**PART 4: FIELD TRIP EXPERIENCE ELIGIBILITY**

A. Teacher: Please initial below, next to the period student should be in your classroom, to indicate the student has informed you of the trip.

Period 1	Period 6
Period 2	Period 7
Period 3	Period 8
Period 4	Period 9
Period 5	Period 10

\_\_\_\_\_  
B. Signature of Principal or Assistant Principal      Attendance Officer      High School      Date