

**A.W. BEATTIE CAREER CENTER**

9600 Babcock Boulevard

Allison Park, PA 15101

**Student Field Trip/Activity Form**

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Sending School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

If unable to reach the parent/guardian, please contact the following person(s):

_____	_____	_____
Name	Relationship	Phone

I hereby give permission for my son/daughter \_\_\_\_\_ to participate in \_\_\_\_\_, on \_\_\_\_\_.

I will hold neither A.W. Beattie Career Center nor any of the designated faculty advisory/chaperones accompanying this group responsible or liable for any accident, injury or other incident that may occur to my child as a result of this trip. The chaperones on this trip have my permission to take my child to the nearest medical facility for emergency treatment. I assume all financial responsibility for the costs of any such emergency medical treatment, whether ultimately covered by health insurance or not. My son/daughter shall comply with all the rules set forth by Beattie Technical School faculty and advisors/chaperones or be removed from the trip and sent home at my expense.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Sending School Principal \_\_\_\_\_ Date \_\_\_\_\_

State complete medical history and/or problems with which the faculty advisors should be familiar. (Example: heart condition, asthma, diabetes, convulsive disorders, etc.)

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

List any medications taken routinely and why. If a student is taking medication on a trip, the medical consent form must be completed.

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

List ANY and ALL allergies to food and/or medication.

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

Insurance Information (Company and Policy Number):

Company \_\_\_\_\_ Agreement# \_\_\_\_\_

Group# \_\_\_\_\_ Date of last tetanus booster \_\_\_\_\_

Sponsoring Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_