GREENWICH HIGH SCHOOL PARENT PERMISSION FORM FOR FIELD TRIPS

We understand the nature of the trip going to **the Jesuit Rugby Classic Invitational Tournament, Leesburg, VA** on **April 10, 2014** leaving GHS at 3 pm and returning to GHS at **April 12, 2015** at 11 pm.

the purpose of and procedures governing the trip and we hereby grant permission for our child, to participate. In the event that a student must return to Greenwich independently for reasons of health, accident, or failure to conform to rules established by the teacher(s) in charge, we agree to accept full responsibility for such costs.	
1. Name: Joseph Kelly	Phone: 203-536-0025
2. Name: Michael Fina	Phone 203-273-2439
PLEASE READ AND CHECK THE APPROPRIATE AREAS LISTED BELOW: My child does not have a medical condition or require medication.	
My child has the following medical condition: Asthma Seizure Diabetes My child has the following allergy: Bee stings Nuts Other Required medication: (please specify name of medical	
Note: If your child requires medication, please be sure that the medication and medication authorization form is on record in the school health office. Prior approval of a trip may be revoked at any time in response to the potential threats posed by political events taking place in the region and/or in response to other circumstances including but not limited to health considerations (e.g., pandemic flu, H1N1, etc.). In such instances the Board of Education is not responsible for the loss of deposits or other pre-committed funds.	
Parent/Guardian Signature	 Date
(If required, an Epipen must be provided for all field	trips.)

*No Refunds and Returned Checks are subject to a \$ 25 service fee. In extenuating circumstances,

if a refund is requested and Head Administrator grants such request, it must be written. (ex.,

Hospitalization, Death, School Cancelled Event)