*No Later Than Fri, May 4th

Fri Hay 4th Nork classes - May 15, 2012

Fri Hay 4th Nork classes - May 17, 2012

Burt classes - May 18, 2012

Fee is \$15/student including

Complete and return to the teacher/advisor: lunch, admissions + bus,

Use www.mealpayplus.com

STUDENT NAME	AGE	to
No allergies (check)	No medication will be taken (check)	
•	al, medication, and explain the degree of severity and	
List any medications your child may be ta	king during this school trip. ***	
Medication	Dosage	
Frequency	Dosage Reason (ailment)	
Medications must be accompanied by a medication, the dosage, directions for ad I, the undersigned parent, have read and medical information section and have distincted that I have read all of the above that I have read all of the above and that he/she agrees to abide with all sections.	wen to the chaperones to administer. Prescribed charmacy label containing the RX number, the name of the ministering, and the child's name. understand the school's rules and regulations, completed to cussed both sections with my child. My signature below and given permission for my child to attend the school trip on school rules and regulations. My signature on this form also medical assistance in case of an emergency.	to:
	Date	
	(w)	
In case of an emergency and I cannot be		
Name		
cooperate fully with teachers, bus drivers safety practices and will conduct myself s	w existing school rules, regulations, and/or policies and to s, and others who may be supervising this trip. I will follow go as not to endanger the welfare of myself and others. I reasy be disciplined, up to and including expulsion, for violation while participating in this event.	alize
Student Signature	Date	