

Field Trip Permission Form **7th/8th Grade Honors Festival, April 5-6, 2019**
Cony High School, Augusta

Students First and Last Name _____

Parent/Guardian Name _____

Phone number where you can be reached **during this event.** _____

Email contact for information about the trip.

List any illness or condition that your child has that may affect him/her during the field trip: _____

List any medication your child requires during the field trip: _____

I hereby give permission for my child, _____ to participate in this field trip. I agree to provide my own health/accident insurance in the event that my child sustains an injury while participating in the field trip, and further understand that the Brunswick School System does not provide medical insurance for this purpose.

Signature of Parent or Legal Guardian

Date