

DEER ISLE-STONINGTON HIGH SCHOOL

“Creating resourceful, knowledgeable and compassionate citizens of tomorrow.”

Field Trip Permission Slip

_____ has my permission to participate in the following field trip:
(Student Name)

Location of Field Trip _____
Trip Date _____ Time of Departure _____ Time of Return _____
Students Will Be Transported By _____
Teachers/Chaperones _____
Description of Field Trip _____

I also hereby give permission to secure proper medical emergency treatment if I cannot be reached. CSD #13 will not be held liable for student accidents that occur on any given Field Trip.

Parent Signature _____ Date _____

Parent Name (Printed) _____ Phone _____

Medical Insurance Co. & Policy _____

Name of Family Doctor _____ Phone _____

Below, space is provided for each of the student’s teachers to sign indicating that all of the student’s work is current. If their work is not current, the teacher will provide him/her with a list of the work to be completed. It is the student’s responsibility to have their teacher sign this.

Period 1 _____ Teacher _____

Period 2 _____ Teacher _____

Period 3 _____ Teacher _____

Period 4 _____ Teacher _____

Period 5 _____ Teacher _____

251 North Deer Isle Road, Deer Isle, ME 04627

Phone: (207) 348-2303 Fax: (207) 348-2304 Website: www.dishs.org