

Class of 2021 Senior Trip

We have great news to share - the Class of 2021 is taking a senior trip!

The class will travel to Presque Isle State Park on June 4, 2021. A deposit of \$25 is required to secure your spot.

In order to travel you **MUST** be in good academic standing prior to the trip - if you've not met the requirements for graduation, you cannot participate in the senior trip. It is also required that you participate in your full academic day on June 3; failure to report to school or complete online course requirements will exclude you from travel.

The trip itinerary includes:

June 4 9:00 a.m. report to the school. Leave by bus at 10:00 a.m. Arrive to Presque Isle State Park around 12:00 and enjoy lunch. Spend the rest of the day lounging at the beach or walking the trails around the park. 6:00 p.m. meet back at the bus and leave for home. Arrive home around 8:00.

What to bring with you:

You will be spending time largely outdoors. Wear appropriate clothing for the beach and walking the trails. Bring sunscreen, sunglasses, and a towel and any small beach games that will fit on the bus. Snacks will be provided, but if you would like to bring your own, you may do so.

To secure your spot on the trip, a deposit of \$25 must be in paid by Wednesday, May 12. Should you change your mind or should you be excluded from travel for academic or behavioral reasons, this money is **NOT REFUNDABLE**. The deposit is payable by cash or check made payable to BHS.

Regardless of your intent, please complete the form below and return it to the high school office by
WEDNESDAY, MAY 12

_____ I am **DEFINITELY** going on the senior trip. I understand that I must pay \$25 and submit my permission forms by May 12 to be included on the trip roster. I understand that should I change my mind **OR** be held from the trip for academic or behavioral reasons my money is not refundable.

_____ I am definitely **NOT** going on the senior trip.

Student's Name

Student Name _____ D.O.B. _____

BLACKHAWK SCHOOL DISTRICT

FIELD TRIP MEDICATION PERMISSION FORM

Before any medications (including over-the-counter medications) may be administered to any student during a field trip, the following requirements must be met:

1. The written medication order from the prescribing physician with specific instructions for use must be noted on this form and given to the field trip sponsor. The physician's signature is required.
2. The parent must provide the correct dosage of the medication(s) in the original and properly labeled container(s) to the field trip sponsor(s). The label should contain the student's name, name of the medication, times to be given, dosage prescribed, and the physician's name.
3. Written permission from the parent, with a parent's signature, for the student to self-administer the medication, as ordered by the physician, under the supervision of the principal's designee. The field trip sponsors will carry all medications unless otherwise specified by the physician (inhalers, Epi-pens, etc.).

Allergies: _____

Physician's Printed Name _____

Physician's Signature (required) _____

Name of medication	Dose to be given	Time(s) to be given

I, _____ give my permission for the Principal's designee to supervise the self-administration of the above medication(s) to my child during the field trip. I also give permission for my child to be given treatment and/or be transported to a hospital in case of an emergency.

I release, discharge, hold harmless and indemnify the Blackhawk School District, its Board, all employees and agents from any liability for any allergic reactions, side effects, contraindications, damages or expenses that may arise or be occasioned by the administration of this medication.

Parent/Guardian Signature _____ Date _____

Student Name _____ D.O.B. _____

**BLACKHAWK SCHOOL DISTRICT
EMERGENCY AUTHORIZATION FORM**

Student Information: *(Please include Area Codes on Phone Numbers and Work Extensions, if applicable).*

Address: _____ City _____

State: PA Zip _____ Soc. Sec. # _____

Health Insurance Carrier: _____ Group No: _____

ID No. _____

Physician Information: *(Please include Area Codes on Phone Numbers and Work Extensions, if applicable).*

Physician's Name: _____ Office Phone: _____

Address: _____

Dentist's Name: _____ Office Phone: _____

Address: _____

Parent/Guardian Information: *(Please include Area Codes on Phone Numbers and Work Extensions, if applicable).*

Mom/Step-Mom/Guardian Name: _____ Home# _____

Employer: _____ Work# _____

Dad/Step-Dad/Guardian Name: _____ Home # _____

Employer: _____ Work # _____

Mom's Cell No. _____ Dad's Cell No. _____

Please name two persons that will assume temporary care of your child if neither parent can be reached.

1. Name: _____ Relationship: _____

Address: _____ Phone No. _____

2. Name: _____ Relationship: _____

Address: _____ Phone No. _____

In case of serious injury/accident or life-threatening incident and neither parent/guardian can be contacted, I hereby authorize representatives of the Blackhawk School District to act as my agent to secure emergency medical treatment for the above named child. I hereby agree to hold the Blackhawk School District and its representatives harmless for exercising its judgment in authorizing such medical treatment.

Parent/Guardian Signature: _____ Date: _____