



Senior Field Trips & Events

- Please indicate the trips you plan to attend.
- Please keep a copy for yourself.
- Please return a fully completed sheet to Mrs. Schwibbe.

I will Attend... (place <input checked="" type="checkbox"/>)	Date Time	Location	Transportation	Cost
	Mon - 5/6/24 8am - 10pm	Dollywood	Charter Bus	\$110 (only lunch provided so bring extra \$)
	Mon - 5/13/24 8am- 3:25pm	Downtown Movie Day	School Bus	\$ 25 (will need extra money for lunch)
	Fri - 5/17/24 6:30 PM	Class Night @ HHS	Your own transportation	FREE
	Sun - 5/19/24 1:30PM - 3PM	Baccalaureate @ Peavine	Your own transportation	FREE
	Mon - 5/20/24	Senior Field Day @ HHS	None	FREE (lunch provided)
	Tues - 5/21/24 6pm - 11PM	Senior Game Night @ HHS	None	FREE (dinner provided)

Please return the signed permission form and money (**cash or check to HHS**) to Mrs. Schwibbe in **2221** during the **first half of lunch** by

Thursday, March 28th



You **MUST** be **PASSING** all classes required for graduation in order to attend field trips.

- Thursday, March 28th is an **ABSOLUTE** deadline for all forms **AND** money. We must submit payment and purchase tickets **BEFORE** spring break.
Note: We cannot take checks written in pink, purple, red, green, teal ink. The scanners can not read them so the bank will not take them. Please use only dark blue or black ink.
- No refunds will be given.

Legibly Print Student Last and First Name

Last _____

First _____

T-shirt Size: Circle One
S M L XL XXL

Your sponsor will complete this section

5/8	5/15	5/22	5/23

Do not complete this. Your sponsors and administrators will be checking to see if you are in good standing in this space. If you are not passing, you will not be able to attend.

1st _____ Yes No

2nd _____ Yes No

3rd _____ Yes No

4th _____ Yes No

Notes:

Student current medical issues?

YES or NO Any medications to be taken on this trip? Yes or No

Note: Parents must provide an inhaler or an EPI-pen if the student has a current prescription.

Please List Medications/Allergies:

Please **WRITE YES OR NO** to the following medications your child **may/ may not** be given:
 Tylenol ____ Ibuprofen ____ Pepto Bismol ____ Tums ____ Sudafed ____ Benadryl ____
 Neosporin ____ Imodium ____ Tussin Cough Syrup/Pills ____ Glucose Tabs ____
 Visine ____ Maalox ____ Hydrocortisone Cream ____

Weather Decision: Before departure and/or as needed. Students will be contacted via Google Classroom.

Transportation Type: (Type will be bolded)
 Student providing their own Transportation
County School Bus/Charter Bus
 Teacher Transporting Students
 Parent Transporting Students

Print Parent/Guardian Name and Relationship:

Parent/Guardian Signature and Date:

Parent Cell Phone Number:

Home Phone Number:

I/We certify that my child is allowed to participate in this event. This is a school-related activity that is entirely voluntary. School policies are in effect. School officials reserve the right to refuse to accept anyone from participating. By signing this permission slip, you are stating that you give permission to have your child participate and be photographed and interviewed and you release all claims to compensation or such rights. Further, you are stating that you **will not** hold any entity, officials or participants, chaperones, Heritage High School Administrators, or the Catoosa County Board of Education liable for personal injury, property damage/loss or wrongful death caused by negligence or any other cause. We authorize administrators, teachers or another official to act as our agent in securing medical attention for our son/daughter in the event emergency attention would be necessary. **Any and all medications including over-the-counter items being taken by students or with them on this trip must be reported to the instructors along with written instructions. No refunds will be given if a student cancels within 48 hours prior to the trip or event, fails to show up on time for the trip or event, or cannot attend due to behavior or grades.**