

**WILTON-LYNDEBOROUGH COOPERATIVE SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM**

School (check one): LCS _____ FRES _____ WLC X

Field Trip Activity:

- Juniors & Seniors will be skiing/riding at **Pat's Peak Mountain** (located at 686 Flanders Rd., Henniker, NH, 03242) on **Thursday, March 21st**
- Students will **meet at WLC at 7:45 am** and will be transported to Pat's Peak by bus. We will leave Pat's Peak at 4:00 pm and **return to WLC between 4:45-5:00 pm**.

Details:

- **TRANSPORTATION:** All students must take the bus. The cost for transportation is \$10 per student.
- **FORMS:** In addition to this permission form, students need to complete the following:
 - **Pat's Peak Emergency Medical Release Form** (if under 18)
 - **Pat's Peak Equipment Rental and Liability Release Agreement** (if renting)
 - The rental form is now completed online at the following link:
www.patspeak.com/grouprental
 - The group rental access code is: **WLHS**
- **COST:** Select the right skiing/riding package. Add \$10 for the bus. Add an additional \$10 if you would like to rent a helmet. Make a check out to Wilton-Lyndeborough High School for the total amount.

Skiing/Riding (Select One):	
Lift Ticket Only	\$32
Lift Ticket + Rentals	\$47
Lift Ticket + Lesson	\$52
Lift Ticket + Rentals + Lesson	\$67
Transportation	\$10
Helmet (Optional)	\$10
Total	

- **LUNCH:**
 - Students who want a lunch provided by the school can see Mr. Comerford for a **Field Trip Lunch Form**
 - Otherwise, students should bring a lunch or money to purchase lunch at the mountain. There is a full cafeteria in the lodge.

Teachers: Mr. Comerford, Ms. Manning, Mr. Provost

Date of the Activity: **Thursday, March 21st**

(Continued on back)

Student Information:

Student Name: _____

Date of Birth: _____

Address: _____

Guardian Contact Phone Number: _____

Guardian Name: _____

Guardian Contact Phone Number: _____

Guardian Name: _____

Medical Information: In the case of a medical emergency, this form will be presented to medical personnel. Please complete all items.

Food Allergies: _____

Drug Allergies: _____

Other Allergies: _____

Present Medications: _____

Date of last Tetanus Immunization: _____

Medical Concerns: _____

Other Concerns: _____

Health Insurance Company: _____

Policy Number: _____

My signature below indicates I am this child's legal guardian. I am aware of the nature of this trip and I am giving my child permission to participate. I release and hold harmless the Wilton-Lyndeborough Cooperative School District and its agents from any actions or cause of action of any nature for personal injury or property damage of any kind arising from my child's participation in this activity.

My signature below indicates that in the case of a medical emergency where I cannot be reached, I authorize the staff and employees of the Wilton-Lyndeborough Cooperative School District to procure and consent to a medical examination, diagnostic process or course of treatment including hospital care and emergency transportation, to be rendered to my child under the duty of licensed medical personnel including doctors and emergency medical personnel.

Parent Signature: _____**Date:** _____

EMERGENCY MEDICAL RELEASE FORM

Pats Peak Ski Area

The purpose of this form is to give permission to the Pats Peak Ski Patrol, any responding ambulance service and/or Concord Hospital to provide emergency treatment for your child in the event of an illness or an injury. In the event of a serious injury or illness, every attempt will be made to contact the legal guardian listed below at the phone number listed. Emergency medical treatment however, will not be delayed while trying to make this contact.

(We) (I) Hereby grant permission to

(Print name of the ADULT person who is present)

Group/Program Name: _____

to secure Emergency Medical Care as

(Print name of minor)

Address: _____

City/State/Zip: _____

may require, for a period from

to

(Include entire length of program)

In the event of multiple persons being given permission, on first line above, write: (Any person listed below)

Names of person(s) authorized:

List any medication(s) the minor taking:

Lift any allergies: _____

I have read and understand the information on the emergency medical form. All the information I have provided is true and complete.

Signature of parent or legal guardian

Print name and relationship

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Other: _____

**LEARN TO SKI AND RIDE PROGRAM/GROUP COORDINATOR:
KEEP THIS FORM WITH YOU IN THE EVENT OF AN EMERGENCY;
BRING THE FORM TO THE SKI PATROL OFFICE.**