

**HULL PUBLIC SCHOOLS
DELEGATION OF PRESCRIPTION MEDICATIONS**

Will your child need to take medication during this field trip?

If NO, disregard this form.

If YES, please complete this form.

My son/daughter _____ will be going on a field trip
to _____ on _____.

The responsibility for administering his/her prescriptive medication has been delegated to

_____.

Parent Signature

Date

School Nurse Signature

Responsible Person

Medicine: _____

Dosage: _____

Time for medication: _____

All medication must be in its original Rx container with the child's name on it.

Original Adoption: November 22, 2004

First reading 2022 revision: September 12, 2022

Second reading: September 26, 2022

Third Reading/Adoption: October 11, 2022

Proposed reconsideration: October 2027

Hull Public Schools

Hull High School
Activity/Field Trip Request For Teacher Approval

There are many field trips, events and activities which may cause students to miss class.

While these often provide significant benefit to the students involved, they must take a secondary position to the individual student's successes in class. For this reason, it is the student's responsibility to have this form completed and returned to the sponsoring teacher at least two (2) days in advance.

Teacher Approval

The student mentioned below request approval from their teachers to participate in an event/activity, which will cause a loss of class time. The details are as follows:

Student: _____

Activity: _____

Date: _____

Hours: _____

Sponsoring Teacher: _____

Should the student be allowed to attend?

Please initial your response. If you choose "NO" please check the appropriate reason. If you choose "other", please specify in the space provided.

APPROVAL

Period A	Yes ____	No ____
Period B	Yes ____	No ____
Period C	Yes ____	No ____
Period D	Yes ____	No ____
Period E	Yes ____	No ____
Period F	Yes ____	No ____
Period G	Yes ____	No ____

REASON FOR DISAPPROVAL

Attendance ____	Grades ____	Other ____
Attendance ____	Grades ____	Other ____
Attendance ____	Grades ____	Other ____
Attendance ____	Grades ____	Other ____
Attendance ____	Grades ____	Other ____
Attendance ____	Grades ____	Other ____
Attendance ____	Grades ____	Other ____

If "other", please specify reason: _____

Parent/Guardian's Permission

I approve of the trip/activity described above and I give my child permission to participate.

Parent/Guardian Signature

Date

**HULL PUBLIC SCHOOLS
TRIP REQUEST**

☐ Class Field Trip

☐ Co-Curricular Trip

☐ International Excursion

School: _____

Date Submitted: _____

Teacher(s): _____

Position(s): _____

Destination: _____

City/State: _____

Relevance of this trip to the curriculum: _____

Departure date: _____ Time: _____ Return Date: _____ Time: _____

Teacher/Administrator responsible: _____

Number of students: _____

Number of chaperones: _____ Ratio of students to chaperones: _____

Have chaperones completed a CORI? ☐ Yes ☐ No

Mode of transportation: _____

If private, drivers: _____

**HULL PUBLIC SCHOOLS
TRIP REQUEST – page 2**

ESTIMATED EXPENSES

Admission: _____

Cost of transportation: _____ Financial assistance available: ☐Yes ☐ No

Other expenses: _____ Other sources of funding: _____

Total cost of trip: _____

Per student charge: _____

Please attach:

1. Itinerary
2. Pre and post field trip activities
3. Other descriptive information

Principal approval: _____ Date: _____
(Signature)

*Superintendent's approval: _____ Date: _____

*School Committee approval: _____ Date: _____

* Approval necessary for all out-of-state field trips, all school-sponsored late night or overnight field trips (in or out of state), all school-sponsored international field trips.

First reading: September 27, 2004

Second reading: November 08, 2004

Adoption: November 22, 2004

Proposed reconsideration: November, 2009

Hull Public Schools

STUDENT TRANSPORTATION IN PRIVATE VEHICLE RELEASE

Dear Parent/Guardian:

During the school year many of our students are involved in community service projects and various other school related activities that may take them to off campus destinations. These off campus activities add a valuable component to our curriculum and provide the participating students with many exceptional, varied and rewarding learning experiences. Signing this form will allow your student to transport him/herself and others, or travel with another student or students to these locations.

Please read the attached policy, fill in the statement(s) that apply to your student, and sign below.

I give my child, _____ permission to drive him/herself to _____.

I am the owner of the private vehicle and hereby confirm that it meets the liability insurance coverage that is specified in Hull School Policy EEAG.

I give my child, _____ permission to drive other students to _____.

I am the owner of the private vehicle and hereby confirm that it meets the liability insurance coverage that is specified in Hull School Policy EEAG.

I give my child, _____ permission to ride in an "approved" student's car to _____.

I am the parent/guardian of the student who will be transported in another student's private vehicle, an hereby confirm that I have been fully informed as to the means of transportation and give my permission for my son/daughter to travel to off campus school related destinations with another "approved" student.

If any, please indicate special instructions regarding transportation that is specific to your child.

The Hull Public School District shall be held harmless from any claims, suits, liabilities, causes of action or responsibility of any type for any accidents, injuries or death connected with this policy. Parents/Guardians and student must sign the PARENT/STUDENT CONSENT RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT - File: BBC as presented in the Hull Public Schools Policy Manual.

I have read and understand the attached policy.

Signature of parent/guardian

Date

Adoption: 08/18/2008

First reading 2010 revision: March 29, 2010

Second reading: April 12, 2010

Adoption: April 26, 2010

Proposed reconsideration: April, 2015

Hull Public Schools