

FIELD TRIP STUDENT PERMISSION FORM

Date of trip: _____ Destination: _____
Teacher: _____ Grade: _____ Transportation by: _____
Purpose of trip: _____
Departure time: _____ Place: _____ Return time: _____ Place : _____
Total Cost: _____ Cost of trip includes: _____

PLEASE COMPLETE THE BOTTOM OF THIS FORM

STUDENT NAME: _____ HOMEROOM: _____

EMERGENCY: In case of illness, accident, or need for medical care, parent authorization is required to allow the sponsor to perform or arrange for medical assistance or hospitalization.

Parent or Guardian's Name: _____

Home Address: _____

Phone: Home: _____ Cell: _____ Work Phone: _____

Alternative Contact: _____ Cell: _____ Home: _____

INSURANCE INFORMATION: *If you have medical insurance, please provide information below.

Insurance Company: _____ ID # _____ Group# _____

MEDICAL INFORMATION:

Known Allergies: _____

Other Medical information: _____

Physician: _____ Phone: _____

Please check if your child receives doctor prescribed medication dispensed by the school nurse during the school day. (If this box is checked, please choose from one of the following.)

- I choose NOT to have my child receive his/her medication on the day of the field trip.
- I will arrange an adjusted time with the school nurse for the medication to be given to my child either before or after the field trip.
- I prefer that my child be given his/her medication on the day of the trip during the regular dosage time. (Under PA law and School Code, only a licensed nurse may dispense medication to a student. An independent contracted nurse will be hired by the District to dispense the medication during the trip.)

Daily Required Medication: _____

*Note: Medication must be sent in prescription container clearly labeled with:
1) Student's name 2) Name of medication 3) Dosage 4) Time to be taken.

PARENT/GUARDIAN PERMISSION AND AUTHORIZATION

I give permission for my son/daughter to attend this field trip. If my child is receiving medication on the field trip, I hereby waive, release, discharge and/or hold harmless the said employee and school district from any and all liability for any reaction, injury, harm, and/or damage which may be caused to my child by reason of administering the medication pursuant to my authorization herein, including but not limited to negligent acts or omissions.

Signature of Parent/Guardian: _____ Date: _____