



FIELD TRIP PERMISSION SLIP

_____ will be participating in a field trip visit to
STUDENT'S NAME AND ID #
Terramar Park on 11/7/22-1/28/23 with Cross Country
DESTINATION DATE GROUP/SPONSOR

The group will leave school at 7 am and return to school at 8 am

Transportation will be as follows: School bus both ways School car or van(s)
 Walking Other (explain) Running the course

Special activity cost for this trip will be \$0 which includes N/A

A sack lunch is required: Yes No

_____ has my permission to participate in the field trip listed above.
STUDENT'S NAME AND ID #

In the event of an emergency, please contact: _____
NAME

HOME PHONE # WORK PHONE # CELL PHONE #

Please note any medication the student is currently taking or attention which should be observed in the case of an emergency:

SIGNATURE OF PARENT OR GUARDIAN DATE

FIELD TRIP MEDICATION PROCEDURE

Medications must be furnished by the parent to the teacher. **Students may not bring in the medication.** If it is a prescription medication, it must be in its **ORIGINAL PHARMACY BOTTLE WITH CURRENT DATE**, labeled with the child's name, prescription number, and identification of medication along with correct instructions. Over-the-counter medicines must also be in their original containers with labels intact to identify. School personnel will not be responsible or liable for any reaction to medicines given according to the directions on the label. All medications will be kept by the teacher or trip leader.

Parents are responsible for giving necessary student medications to the teacher. Please bring only the number of doses needed for this field trip to the teacher in the ORIGINAL CONTAINER. Please see that the teacher/leader has the medication prior to departure for the field trip.

FIELD TRIP MEDICATION PERMISSION FORM

(If your child must take medication while on the field trip, please fill out the following form completely.)

I request _____ sees that my child
TEACHER OR FIELD TRIP LEADER

_____ receives the following medication(s) on this field trip.

List any medications that will accompany the student on the field trip and the dosage and time to be given.

MEDICATION DOSAGE TIME TO BE GIVEN

PRESCRIPTION # REASON FOR MEDICATION

MEDICATION DOSAGE TIME TO BE GIVEN

PRESCRIPTION # REASON FOR MEDICATION

Special Instructions: _____

SIGNATURE OF PARENT OR GUARDIAN DATE