



FIELD TRIP PERMISSION SLIP FORM

NAME _____ GRADE _____ TEACHER _____

Date _____ Destination of Field Trip _____

Students will depart at _____ Returning at _____

This form must be returned by _____ Student cost (if any) _____

Group will will not stop for lunch bring a lunch box lunch will be provided.

I wish do not wish to give my permission for _____ to go on the field trip.

Transportation provided by:

School District To Event From Event

Other _____ To Event From Event

Please indicate if your child has any of the following health concern:

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Inhaler |
| <input type="checkbox"/> Life-threatening Allergy to food | <input type="checkbox"/> Epi-pen |
| <input type="checkbox"/> Life-threatening Allergy to Bee sting | <input type="checkbox"/> Benadryl needed |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Diastat |
| <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Allergy to _____ | |

In compliance with school district policy, only emergency medications that are currently registered with the school nurse may go with students on field trips.

Does your child take daily medications not given at school? Yes No

Indicate medication and dosage: _____

Emergency contacts during the field trip:

Name _____ Phone _____

Name _____ Phone _____

MEDICAL AUTHORIZATION AND CONSENT:

If emergency treatment is required, and parents/guardian cannot be notified immediately, I give consent for emergency treatment and transport to the nearest emergency room.

Child's Physician: _____ Phone _____

Healthcare Provider: _____ Phone _____

Group # _____ ID# _____

Parent Signature: _____



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FIELD TRIP EMERGENCY MEDICATION GUIDELINES

Parents of children with serious, life threatening or potentially **life threatening medical conditions** may request that emergency medications be given on a field trip.

NOTE: According to the American Academy of Pediatrics, life threatening conditions may include but are not limited to, conditions such as: asthma, diabetes, seizure disorders, hormonal disorders or severe allergy.

Students who may require administration of emergency medications on a field trip will be allowed to carry and self-administer emergency medication if the following criteria have been met:

1. The parent/guardian has completed the section of the field trip consent form that addresses the administration of emergency medication.
2. The student's authorization for self-administration of emergency medication is on file in the nurse's office and meets all the criteria previously addressed in the medication policy. If the school nurse deems the student competent to self-administer his/her emergency medication, he/she will be allowed to take it on the field trip.
3. The emergency medication for use by the student is currently located in the nurse's office.
4. The student or teacher will be responsible for obtaining his/her emergency medication from the nurse on the day of the field trip. The nurse will notify the teacher that the student is carrying the emergency medication.
5. The student or teacher is responsible for returning the emergency medication to the nurse upon returning to school.
6. Students who are able to self medicate with emergency medication may do so with signed parental consent.

Parents of children who need emergency medication in such a situation should contact the Certified School Nurse.

- Parents of students who receive routine medication during school hours may choose to have the child **not** receive his/her medication on the day of the field trip.
- Parents may choose to make other arrangements with the principal.

**MEDICATION WILL NOT BE ADMINISTERED
UNLESS ALL REQUIREMENTS OF THE MEDICATION POLICY ARE MET**