

POTTSGROVE SCHOOL DISTRICT
FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION FORM

Dear Parents or Guardians:

The teachers and students are planning an educational field trip:

To: Various Community Outings throughout the school year: Redner's, Giant, Target, Walmart, CVS, Home Depot, Michael's Crafts, Movie Theatre, Limerick Bowling, Waltz's Golf Farm, Five Below; Brookside Family Restaurant, local Fast Food Restaurants (Burger King, McDonald's, Chick Fil-A, Rita's Water Ice, Dairy Queen, Subway), Steel River Playhouse, Shady Maple, Oley Dairy Farm, Pumpkin Patch, Tree Farm, Special Olympics, etc.

Date(s) and Time: approximately 2x/month

Cost: Cost varies per outing

(If paying by check, make payable to _____)

We believe this experience will be a valuable addition to the educational program and ask your permission for your child to attend. Please check the applicable items listed below, sign where indicated, and return the form with the correct amount of money by _____ N/A _____. If the form is not completed by the due date, your child's eligibility to participate may be denied. Your prompt response will be most appreciated.

Paige Petrillo / Felicia Gonzalez
Principal / Supervisor

Stacy McHugh & Bethany Berry
Teacher(s)

Student Name _____ **Grade/Homeroom** _____

I do give permission for my son/daughter to attend the above named field trip.

I do not give permission for my son/daughter to attend the above named field trip. (If you check this, proceed to signature at bottom of page.)

Parent/ Guardian Name(s): _____

Phone Numbers- Home: _____ **Work:** _____ **Cell:** _____

Emergency Name and Phone # if Parent cannot be reached: _____

Insurance: _____ **Policy Number:** _____

List Health Concerns, Physical Limitations and Allergies: _____

My child will not need any special medical care on the trip.

My child will require special medical care on the trip and I will contact the nurse or teacher.

Will your child require medication/inhaler on this trip? Yes No

Name of Medication : _____

If yes, are you able to accompany your child on the trip? Yes No

Parents unable to accompany their child will be responsible for providing the medication in the labeled bottle to the school nurse no less than three days prior to the trip.

We, the Parent/Guardian agree to assume the responsibility of all expenses incurred by the handling of an emergency situation. We authorize the representatives of the Pottsgrove School District to take whatever action is deemed necessary for the health and safety of the student. We give permission for transportation and provision of any necessary Emergency Treatment. I am aware that a nurse may not be chaperoning the field trip and that school district employees may be supervising the administration of medication and care.

Parent/Guardian Signature

Date