

State College Area School District

Field Trip Permission Form

FIELD TRIP INFORMATION

Parents/Guardians of:

Please return this form on or before: Friday, April 27TH

This form must be signed and returned BEFORE your child will be permitted to participate in the field trip. I understand participation in this activity is voluntary.

Name of Activity: Millbrook Marsh

Departure of Activity: GWE

Departure Date: 5/7/2018

Departure Time: 11:30

Return Date: 5/7/2018

Return Time: 1:35

Transportation (Bus, Van, Walking) will be: _____

Meals _____

Spending Money _____

Faculty in Charge _____

PARENT PERMISSION- Complete All 3 Steps

STEP 1: My child _____ Student Number _____

STEP 2: Please select your choice for lines 1 and 2.

Line 1: My child is permitted is NOT permitted to participate in the above field trip.

Line 2: My child needs medication does NOT need medication while on this field trip.

STEP 3: If you selected "needs medication" complete both Medication AND Emergency Boxes. If you selected "does NOT need medication" complete only the Emergency Box.

MEDICATION BOX

Complete ONLY if your student requires routine and/or emergency medication while on this field trip.

PLEASE NOTE: According to PA Department of Education regulations parents can designate adult family members to administer medication. SCASD staff members cannot accept designation. Any medications directed to be administered by a licensed nurse or self-administered (age appropriate) MUST have written orders by student's doctor and district signed parent permission forms on file with the school nurse prior to the field trip.

SELECT MEDICATION: EpiPen EpiPen Jr. Benadryl Rescue Inhaler
 Insulin Glucagon Glucose Tablets Other

SELECT DESIGNEE: Parent/Guardian or Parent Designee (medication sent from home)
 Licensed Nurse (medication stored in the nurse's office)
 Student Self-Administer (students with self-administer/carry order for EpiPen, Insulin or Inhaler)

EMERGENCY BOX

MEDICAL INFORMATION: Please write below any other medical information staff should be aware of while participating in this field trip and provide your school nurse with any medical updates:

EMERGENCY RELEASE: I authorize my child or ward to be treated by a licensed physician, nurse, or EMT if necessary while attending this field trip.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

TELEPHONE # (DAY OF TRIP) _____ E-MAIL _____