

School District of Springfield Township

MONTGOMERY COUNTY

Field Trip Permission Slip

I give permission for my child _____ to participate in a class field trip to _____ on _____. In the event of a serious injury/illness, I give permission to school authorities to (1) take whatever action is deemed necessary for the health of my children, (2) have my child taken to and treated by the nearest hospital or health care provider and (3) provide any health-related records or information necessary for the health of my child. I also acknowledge that health information about my child may be disclosed to chaperones who are not employees of the District and that such disclosure is authorized by me. Finally, I acknowledge that the School District cannot ensure that a school nurse will be present on this field trip and I nevertheless give permission for my child to attend the field trip.

Below please list the names of parent/guardian and/or persons to be contacted in the event of an emergency and the contact information where they can be reached on the day of the trip.

First Contact _____ Work tele. # _____
Home tele. # _____
Second Contact _____ Tele. # _____
Third Contact _____ Tele.# _____

1. Is your child allergic to any food and/or medication? Yes No

If yes, please list and explain the type of reaction: _____

2. Is your child currently taking medication? Yes No

If yes, please list: _____

3. Is it necessary to bring your child's medication on this trip? Yes No

If yes, please list: _____

4. Does your child have a serious health concern? Yes No

If yes, please list: _____

Signature: _____ Date: _____