

GREAT VALLEY SCHOOL DISTRICT FIELD TRIP PERMISSION FORM

By signing this form, I give permission for my child to attend this field trip.

Student Name _____ School _____ Grade/Teacher _____

Date/Time of Trip: _____

Destination of Trip: _____

Cost of Trip: _____

Instructional Connection of trip:

Except for emergency epinephrine and approved inhalers, no medication in any form will be sent on field trips. Parent or guardian of student requiring daily medication must check one of the following, and if you check #1 or #2 please provide doctor's note of confirmation to the school nurse five days prior to the scheduled field trip.

1. _____ My student will omit his/her daily scheduled medication on the day of the trip.
2. _____ My student may take his/her regularly scheduled medication upon returning to school.
3. _____ I will make arrangements with the school nurse for my child's medication to be administered.

The following information must be supplied for all students attending this field trip:

Mother/Father or Guardian _____

Home _____ Work _____ Cell _____

Alternative/Emergency Contact Name _____ Phone _____

Serious allergies/medical conditions _____

In case of illness or emergency, I authorize the officials of the Great Valley School District to contact directly the persons named on this form. In the event parents or other persons named on this form cannot be contacted, the school officials are authorized to take whatever action is deemed necessary for the health and safety of my student. I also give permission that my student may be taken to the hospital and treated in case of an emergency.

Date

Signature or Parent or Guardian

_____ **Yes, I'd like to order a Sun Butter & Jelly lunch from the cafeteria for the field trip. (Elementary Only)**