



# School District of Cheltenham Township

## FIELD TRIP PERMISSION FORM AND MEDICAL AUTHORIZATION

Event: \_\_\_\_\_

Sponsor/Teacher Name \_\_\_\_\_ School \_\_\_\_\_

Name of my child \_\_\_\_\_ Grade/Homeroom \_\_\_\_\_ D.O.B. \_\_\_\_\_

Location and Description of Trip: \_\_\_\_\_

Date(s) of Trip \_\_\_\_\_ Leave School at: \_\_\_\_\_ Arrive Back at School: \_\_\_\_\_

**Section I. Parent/Guardian Permission** - My child has my permission to participate in the EVENT on the date(s) listed above. In granting this permission, I understand my child is required to abide by all School and School District of Cheltenham Township codes of conduct as a condition for participation in the EVENT.

### Section II. Medical Authorization and Emergency Contacts

A PARENT OR GUARDIAN CAN BE REACHED AT THE FOLLOWING TELEPHONE NUMBERS ON THE DATES OF THE ACTIVITY:

Mother or Guardian \_\_\_\_\_ Father or Guardian \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

PERSON TO CALL IF A PARENT OR GUARDIAN CANNOT BE REACHED:

Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_

PHYSICIAN: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ANY SERIOUS ALLERGIES OR MEDICAL CONCERNS: \_\_\_\_\_

In case of illness or emergency, I authorize the officials of the School District of Cheltenham Township to contact directly the persons named on this form. In the event parents, guardians, physician, 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 child. I also give permission that my child may be taken to the hospital and treated in case of an emergency.

MEDICATIONS: \_\_\_\_\_

[Parent or guardian child requiring daily medication must check **one** of the following]:

1. \_\_\_\_\_ I understand that my child will omit his/her daily scheduled medication on the day of the trip.
2. \_\_\_\_\_ My child may take his/her regularly scheduled medication upon returning to school.
3. \_\_\_\_\_ I will accompany my child on the trip and will administer his/her medication.
4. \_\_\_\_\_ {For students in grades 9-12 only} my child will self-administer up to one day's dosage. My child understands that the dosage must be carried in a container from the pharmacy which includes my child's name and the dosage instructions.

Signed: \_\_\_\_\_

(parent/guardian)