DEER VALLEY Unified School District

FIELD TRIP PERMISSION SLIP

THEATRE DISTRICT ASSESSMENT

_____ will be participating in a field trip visit to
STUDENT'S NAME

Barry Goldwater High School on 11/15/17 with Theatre/Nardone _____
DESTINATION DATE GROUP/SPONSOR

The group will leave MRHS at approx. 8 am and return to MRHS at approx. 12 pm

Transportation will be as follows: X School Bus both Ways ☐ School car or van(s)
☐ Walking ☐ Other (explain) _____

Special Activity costs for this trip will be $ 0 which includes _____
A sack lunch is required: ☐ Yes X No

_____ has my permission to participate in the field trip listed above.
STUDENT'S NAME

In the event of an emergency, please contact _____
NAME

_____ _____ _____
HOME PHONE # WORK PHONE # CELL PHONE #

Please note any medication the student is currently taking or attention which should be observed in the case of an emergency: ____

_____
SIGNATURE OF PARENT OR GUARDIAN **DATE**

FIELD TRIP MEDICATION PROCEDURE

Medications must be furnished by the parent to the teacher. Students may not bring in the medication. If it is a prescription medication, it must be in its ORIGINAL PHARMACY BOTTLE WITH CURRENT DATE, labeled with the child's name, prescription number, and identification of medication along with correct instructions. Over-the-counter medicines must also be in their original containers with labels intact to identify. School personnel will not be responsible or liable for any reaction to medicines given according to the directions on the label. All medications will be kept by the teacher or trip leader.

Parents are responsible for giving necessary student medications to the teacher. Please bring only the number of doses needed for this field trip to the teacher in the ORIGINAL CONTAINER. Please see that the teacher/leader has the medication prior to departure for the field trip.

FIELD TRIP MEDICATION PERMISSION FORM

(If your child must take medication while on the field trip, please fill out the following form completely.)

I request _____ sees that my child
TEACHER OR FIELD TRIP LEADER

_____ receives the following medications(s) on this field trip.

List any medications that will accompany the student on the field trip and the dosage and time to be given.

_____
MEDICATION DOSAGE TIME TO BE GIVEN

_____
PRESCRIPTION # REASON FOR MEDICATION

_____
MEDICATION DOSAGE TIME TO BE GIVEN

_____
PRESCRIPTION # REASON FOR MEDICATION

Special Instructions: _____

_____

_____
SIGNATURE OF PARENT OR GUARDIAN **DATE**