Deer Valley Unified School District No. 97

WEST WING SCHOOL

FIELD TRIP PERMISSION SLIP

_____ will be participating in a field trip to
Student's Name and ID #

_____ on _____ with _____.
Destination Date Group/Sponsor

The group will leave school at _____. and return to school at _____

Transportation will be as follows: _____ _____ School car or van(s)

_____ Walking _____ Other

Special activity cost for this trip will be _____which includes entry and bus_____

A sack lunch is required: Yes _____ No _____

_____ has my permission to participate in the field trip listed above.
Student's name and ID#

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.)

Request _____ (teacher or field trip leader) sees that my child _____ receives the following medication(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 _____

Special Instructions: _____

Signature of Parent or Guardian: _____ Date: _____