



The School District of Haverford Township

## School District of Haverford Township Field Trip Permission Form

### **I. Field Trip Information**

I, \_\_\_\_\_ (Parent/Guardian), hereby give \_\_\_\_\_ (Student) permission to attend the field trip to \_\_\_\_\_ (Location) on \_\_\_\_\_ (Date) between the hours of \_\_\_\_\_ and \_\_\_\_\_.

❖ Cost of trip per student: \_\_\_\_\_

❖ Check or money order payable to **ENTER SCHOOL NAME**

❖ Chaperones needed: YES NO Chaperone cost: \_\_\_\_\_

### **II. Emergency Contact Information**

Please list a local emergency contact where someone may be reached during the field trip in the event of an emergency.

<b>Emergency Contact #1:</b>	<b>Emergency Contact #2:</b>
<b>Name:</b>	<b>Name:</b>
<b>Relationship to Student:</b>	<b>Relationship to Student:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>

### **III. Student Responsibility**

The student has the responsibility to have this form completed and returned to the sponsoring teacher at least **one week prior to the trip date**. This form must be returned to the sponsoring teacher no later than \_\_\_\_\_. If you fail to do so, you will not be allowed to participate in this trip.

**IV. Teacher Notification**

Students are responsible for completing any work missed during this absence. Students must reach out to their teachers to make arrangements for any missed work prior to their field trip. Field Trips will be coded in PowerSchool to notify teachers of the reason for the student's absence.

**V. Emergency Health Services**

In case of an emergency, when neither parent(s) nor emergency contact(s) can be reached, I give school authorities permission to call a physician or take whatever action is deemed necessary, including transporting my child to a local hospital at my expense. I will accept financial responsibility.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VI. Medical Concerns**

**Health conditions, allergies, and/or other medical concerns:**

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Check if none

**Medications that will require administration during the field trip (if any):**

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**\*Please complete the required forms as outlined below.**

**VII. Medications**

[Board Policy 210: Medications](#)

[Board Policy 210ARI: Medications ARI](#)

Any medication to be administered during the trip requires either a [“Physician’s Order for Prescription & Over-the-counter medication”](#) or a [“Physician’s Order - Self Administration”](#) form to be **completed by the physician’s office and signed by the parent/guardian.**

All medication must be provided to the school nurse in its original container.