



Belton ISD

Parent Approval/Release Form Day Field Trips

Student's Name: _____ Grade: _____

Trip Dates: _____ Destination: _____

I, the undersigned parent/guardian of _____, do hereby authorize my child to participate in a field trip. I am aware the field trip requires day travel and I have been informed of the details regarding the field trip, including the destination (s), mode (s), of transportation, and time and place of departure and return.

- ☐ My student will have medications on this day trip.
☐ My student will NOT have medications on this day trip. I

understand that:

- If my child needs medications administered during this field trip, I will contact the school nurse to set up a time to sign the appropriate forms and drop off the medication.
- Only district-trained staff will be allowed to administer the medication.
- My child will not be allowed to carry and administer their own medications except for those medications allowed by law (EPI-PEN, inhalers, diabetic supplies, pancreatic enzymes) and with prior parent and physician approval obtained on the appropriate Belton ISD forms.
- During the field trip, my child will be under the direction and general supervision of _____ (school sponsor) and adult chaperones selected by school representatives, and that my child is subject to discipline for his/her conduct during the trip.

Parent/Guardian Signature

Date

School nurse contact information:

This form is to be completed by parent/guardian and returned to the sponsor of day trip.