Mifflinburg Area School District

Field Trip Permission Form

Building: MS HS

Destination			Teacher/Club
Cost (if applicable)	Departure Date/Time	Return Date/Time	
Special Instructions/Notes			

Student Name:_____Date of Birth:_____Grade:_____

☐ YES, I give permission for the student named above to participate in the field trip described above.

☐ YES, a school-provided lunch is requested. ☐ NO, a school-provided lunch is NOT requested.

☐ NO, I do NOT give permission for the student named above to participate in the field trip described above.

This signed permission acknowledges that my child is able to participate in all related programs or events associated with the field trip. In consideration for my child's participation, we (I) and (my) child understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we agree to release and hold harmless Mifflinburg Area School District and their employees and agents, from claims arising from or related to my child's participation. My child understands and agrees to abide by all rules and regulations established by the school pertaining to such field trip. I consent to basic first aid as deemed necessary. In case of emergency, I understand that if parent/emergency contact provided on this form cannot be reached by phone, school officials are authorized to take whatever action is deemed necessary for the health and safety of my child. As guardian of the child named above, I release the Mifflinburg Area School District and its employees or agents from any and all liability for any injuries/illnesses my child may suffer as a result of this request.

Emergency Contact Information (other than parent/guardian completing form)

Name	Relationship	Phone	Secondary Phone
Name	Relationship	Phone	Secondary Phone

Medical Information

Insurance Carrier	Subcriber Name
ID#	Group #
Child's Primary Healthcare Provider	Phone number

Please check ONLY ONE of the following:

☐ My child *does not* have any health concerns or severe allergies the nurse or MASD staff attending the event needs to be aware of and will not require any medications to be given or taken along on the trip **(by confirming this, you do not need to complete page 2 of this form)**.

☐ My child *does* have health concerns and/or allergies and/or requires medication to be given or taken along on the trip**.** ***I understand the BACK of this form (page 2) must be completed in its entirety.***

Parent/Guardian (Print):_____Phone:_____

Parent/Guardian Signature:_____Date:_____

Student Health Information

Any medications (other than self-carry inhalers, epi-pens, or diabetic medication for age-appropriate students) must be administered by the nurse or a parent/guardian. **Any medications to be given by the nurse or self-carry medications must have proper medication consent forms and physician orders on file with a Mifflinburg Area School District school nurse prior to the event.**

My child has the following health concerns and/or allergies I would like the nurse and MASD staff to be aware of (please note--if your child currently has an active emergency action plan [EAP] or individualized healthcare plan [IHP] for school, it will be shared with the nurse and/or MASD staff attending the event):

_____

_____

_____

_____

Please check ONLY ONE of the following:

☐ My child WILL require medication/s to be given during the trip and the medication should be **given by the nurse** (please note, in some situations, a nurse may not be able to attend).

*Medication:*_____ *Dose:*_____ *Time:*_____

*Medication:*_____ *Dose:*_____ *Time:*_____

☐ My child WILL require medication/s to be given during the trip; and a **parent or guardian will be attending** and will be responsible for carrying and administering the medication *(this must be pre-approved with MASD staff)*.

☐ My child WILL NOT require medication/s to be given during the trip.

☐ My child WILL NOT require medication/s to be given by the nurse during the trip, but has a **self-carry medication** he/she will be bringing along to use if needed. *Please note, the only medications that may be carried by a student are epi-pens, inhalers, or diabetic medications.*

*Self-Carry Medication:*_____ *Dose:*_____

Please complete this section in its entirety:

I, the parent/guardian of ***(Student Name)*** _____ *, confirm the above information is complete and accurate to the best of my knowledge. I agree to release, indemnify, and hold harmless the Mifflinburg Area School District and its agents and employees from liability for bodily injury or property loss/damage that might occur during this trip relating to medication administration and management of my child's health condition/s. If a nurse is not available to be present on the trip, I will confirm an acceptable plan with my child's building nurse, principal, and/or chaperone at least 48 hours prior to the trip.*

Parent/Guardian (Print): _____

Parent/Guardian Signature:_____ **Date:** _____