

FIELD TRIP PARENT/GUARDIAN PERMISSION FORM

Destination/Purpose of Trip: _____
Date of Trip: _____ Mileage: _____ Departure Time: _____ am/pm Return Time: _____ am/pm
Mode of Transportation: _____ Transportation Cost to Student: \$ _____ Admission Cost to Student: \$ _____
Other Costs (Itemized): \$ _____ Total Cost to Student: \$ _____
Additional Information: _____

Please return form to: _____ by: _____

This field trip is (select one): Refundable [] Non-refundable []

Preferred Payment Method: Online payment, https://900.ncsis.gov/campus/portal/parents/psu900unionco.jsp
(From the UCPS Home Page or school site, select Students and Families > Payments



Destination: _____
Date of Trip: _____ Teacher Name: _____ Grade: _____

To parent/guardian: This permission slip must be filled out completely including signature and telephone numbers.

Student Name: _____ Parent/Guardian: _____
Home Phone: _____ Parent/Guardian Cell #(s): _____
Home Address: _____
Place of Employment: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Family Physician: _____ Phone: _____

Student Insurance Purchased (Optional): Yes [] No []

Medication Information (check one):

My child WILL REQUIRE medication (prescription or otherwise) on this trip and a current Medication Consent is on file at the school. If applicable, I have provided a current Emergency Medication Self-Carry Authorization, and it is also on file at the school.

My child WILL REQUIRE medication (prescription or otherwise) on this trip, and I will provide a new Medication Consent, with physician's signature, to the School Nurse prior to the date of the trip on this form. If applicable, I will also provide an Emergency Medication Self-Carry Authorization, with physician's signature, for my child.

My child WILL NOT require medication (prescription or otherwise) on this trip.

Please provide any relevant allergies or additional chronic medical condition information: _____



I hereby give permission for my child, _____ to accompany the group on the field trip described above. I hereby authorize emergency or other medical treatment as deemed necessary, and I hereby assume all costs of such treatment. I agree to be responsible for and to pay all costs, including but not limited to, my son/daughter's medical, optical, dental, pharmaceutical, and similar services incurred while traveling if such are not covered by my child's individual health insurance or the required supplemental travel insurance, or if my child is uninsured. I also understand and agree that I may be required to pay for covered services at the time of service and receive reimbursement from insurance thereafter. I certify that my child is in good health and can participate in all the normal activities of the group.

I do not wish my child, _____, to accompany your group on the field trip described above.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date Signed