Marple Newtown School District
Field Trip Permission & Medical Waiver Form

Date: _____
To: Parent/Guardian:

The _____ will be going on a field trip on

_____ to _____. The cost of this field trip is _____ to cover _____. Transportation will/will not be provided by the Marple Newtown School District buses. The bus will leave _____ at _____AM/PM and return at approximately _____AM/PM.

If your child will need medication (prescription or over the counter) while on the field trip please read carefully the following:

Students may not bring to school, carry or keep in their possession any medication including over the counter medication with the following exceptions:

- Rescue inhaler
- Epi Pens
- Diabetes supplies

- All medications will be kept by the nurse or teacher/trip leader. Please make certain that the school nurse has the medication prior to departure for the field trip.
- Medications must be in their original, properly labeled pharmacy containers or original, properly labeled Over the counter package.
- If nursing coverage on this field trip is provided by a volunteer RN or LPN, I give permission for that volunteer to provide nursing care to my child during the trip. I understand the volunteer is providing this service without compensation, and I agree to hold the volunteer harmless for care provided in good faith, except in cases of gross negligence or willful misconduct.
- Please contact your school nurse with any questions.

My child, _____has my permission to attend this field trip to_____ on_____
____No, my child does not need medication, medical equipment, or specific medical attention on this field trip.

____Yes, my child requires the following medications on this field trip. I will contact the School Nurse prior to the trip. I understand that if the trip is outside of school hours, I may be required to drop off medication or medical supplies for my child.

Name of Medication: _____ Dosage:_____
Time to be Given: _____
Special Instruction: _____

_____ _____ _____
Signature of Parent/Guardian Parent/Guardian Phone Date