***If any parent/guardian plans to transport their child home from the field trip by private vehicle, a note must be sent to the office for approval. Teachers may not release students without this permission. No. 121 AR

MONTOURSVILLE AREA SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

MONTOURSVILLE AREA SCHOOL DISTRICT Student Field Trip Permission Form

Student's Name:	
Date of Trip:	Destination:
Departure Time:	Return Time:
Teacher:	
Mode of Transportation: (Bus, Van, Etc.)	
Special instructions to parents/guardians relating to proper attire, admission fees, meal arrangements, etc:	

Telephone number where parent/guardian can be reached **<u>during the trip</u>**:

Please list significant medical problems/allergies:

*If your child needs to use an Epi-Pen for bee stings or has asthma and uses an inhaler, s/he must bring this along on the field trip. If your child requires medication that <u>MUST</u> be given while on the field trip, you, the parent, need to make arrangements with your child's school nurse. Teachers and teacher's aides <u>WILL NOT</u> be administering medication while on the field trip. Arrangements can be made to give the medication before or after the field trip. If this is not a possibility and your child cannot go without his/her medication while on the field trip, you <u>MUST</u> make arrangements with the school nurse before the day of the field trip.

Thank you for your cooperation concerning the maintenance of your child's health during our field trip.

By signing below, I grant permission for my child to attend this field trip and receive any necessary medical treatment (911 emergency treatment) in case of an emergency. I am aware that the school nurse will not be present on this trip.

Parent/Guardian Signature

Date

Note: This form will be filed in the school office at the conclusion of the field trip.