

****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 **during the trip**: _____

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 **MUST 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 **WILL NOT** 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 **MUST** 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.