

Building: -Choose below- Group / Department:                     

Field Trip Destination / Description :                     

Departure Date:                      Departure Time:                      Return Time:                     

Transportation Arrangements:  School Bus  Charter Bus  Other                     

Learning Objectives For Field Trip:                     

Trip Cost per Student: \$                     

Name of Lead Chaperone:                      Contact Number:                     

**Return to:**                      **by:**                     

Student Name                      Grade                      DOB                     

Parent/Guardian Phone Number: Mother                      Father                     

Contact if Parent/Guardian can not be reached: Name                      Phone #                     

Any medical concerns or allergies? ( ) YES ( ) NO If yes, please explain                     

Will medication be required during the trip? ( ) YES ( ) NO

If yes, please describe :                     

If medication is needed on the field trip, a doctor's note and written parental permission must be on file in the health office. Self directed students must carry medicine in the original container and must have permission to self medicate. Non-self directed students will need to have a parent or nurse accompany them on the field trip to administer the medication.

*I, the parent/guardian of                     , grant permission for Shenendehowa School District and its employees full authority to take whatever action they deem necessary regarding my child's health and safety in the event I can not be reached or in a situation where time is of the essence; and fully release the Shenendehowa School District and its employees from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care staff if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible.*

*My signature gives permission for my child to go on this field trip. I also give permission to Shenendehowa staff to act on my behalf in the event of a medical emergency and to authorize medical action as necessary.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date