



# Neshaminy School District

2001 Old Lincoln Highway • Langhorne, Pennsylvania 19047-3295

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## Field Trip Form Parent/Guardian Permission

\_\_\_\_\_ has my permission to travel to \_\_\_\_\_  
student name  
\_\_\_\_\_ by \_\_\_\_\_ on \_\_\_\_\_  
trip destination bus, train, car, etc. date

## Emergency Information

Parent/Guardian can be reached at the following telephone numbers all day on the day of the trip.

\_\_\_\_\_ mother's home, work or cell number  
\_\_\_\_\_ father's home, work or cell number

**In the event no one is available at the above listed numbers, please contact:**

\_\_\_\_\_ name/relationship to child  
\_\_\_\_\_ home/cell number

**My child has the following allergies/medical conditions the staff needs to be made aware of:**

\_\_\_\_\_

## Emergency Medication to be carried by student on the trip

(Asthma Metered-Dose Inhaler or Epi-Pen Only; Student must have a current physician order on file.)

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

\_\_\_\_\_

## Students on Daily Medication

**(Student currently receives daily medication in the nurse's office; Student must have a current physician order on file.)**

\_\_\_\_\_ My child may omit his/her dose the day of the trip.

\_\_\_\_\_ My child may take the dose when he/she returns to school.

I have completed the above permission for my child's participation in this school trip. In the event of an emergency, I give permission for my child to be taken to the nearest hospital for emergency treatment.

\_\_\_\_\_  
**Parent/Guardian Signature**

Devlin/Share Point Forms\Field Trip Form