

New York City Field Trip Form **Parent/Guardian Permission**

| | | | has my permission to travel to | | |
|--|----------------|--------|---------------------------------|-----------|---------------|
| student name | hu | DUC | | On | 5/20/2016 |
| New York City trip destination | by | BUS | bus, train, car, etc. | _ 011 _ | date |
| I I I I I I I I I I I I I I I I I I I | | | ····,···,··· | | |
| _ | | - 0 | | | |
| 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, wor | k or cel | l 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 Instructi | | | | | |
| | | | | | _ |
| | D | •1 7 | T 1 1 | | |
| Students on Daily Medication (<u>Student currently receives daily medication in the nurse's office</u> ; Student must have a current | | | | | |
| (<u>Student currently receives daily medicate</u> physician order on file.) | <u>) </u> | ule li | <u>urse's onice</u> ; student i | nust na | ive a current |
| My child may omit his/her dose the | e dav | of the | trin *Must have a doct | or's note | 2 |
| | | | | | |
| My child may take the dose when he/she returns to school. | | | | | |
| | | | | | |
| I have completed the above permission for m | - | - | - | - | |
| an emergency, I give permission for my ch treatment. | ina t | o de t | aken to the nearest no | spital fo | n emergency |
| | | | | | |
| | | | | | |

Parent/Guardian Signature

Devlin/Share Point Forms\Field Trip Form

Neshaminy District Offices – 215-809-6000 Neshaminy High 215-809-6100 • Maple Point Middle 215-809-6230 • Poquessing Middle 215-809-6210 • Carl Sandburg Middle 215-809-6220 Pearl Buck Elem. 215-809-6300 • Samuel Everitt Elem. 215-809-6320 • Oliver Heckman Elem. 215-809-6330 • Herbert Hoover Elem. 215-809-6340 • Lower Southampton Elem. 215-809-6350 Walter Miller Elem. 215-809-6360 • Joseph Ferderbar Elem. 215-809-6370 • Albert Schweitzer Elem. 215-809-6380