



# Neshaminy School District

2001 Old Lincoln Highway • Langhorne, Pennsylvania 19047-3295

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

\_\_\_\_\_ has my permission to travel to \_\_\_\_\_  
 student name  
 New York City \_\_\_\_\_ by BUS \_\_\_\_\_ On 5/20/2016  
 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. \*Must have a doctor's note.

\_\_\_\_\_ 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