Dorney Park Trip: June 3rd, 2025

Price: \$60.00 (ticket, transportation and shirt)

<u>Directions:</u> Complete all sections in the packet and return to the appropriate grade level office. This includes the Cover Sheet and Extension / Overnight – Parent / Guardian Permission Form.

- Permission Packets Available: Friday, April 25th
- Packet Due To Grade Level Offices: Friday, May 2nd (trip will sell out- return ASAP)
- <u>Ticket Sales:</u> May 7th and May 8th Before School in Hub
 - o Ticket Sales To First 250 Approved Students Per Class
 - Approved list who may purchase tickets will be located outside of the Math and Learning Support IPC prior to sales.
 - A waitlist will be created for those not in the first 250 may purchase tickets if any are available beginning May 9th before school in F204.
 - o No refunds or ticket transfers tickets distributed to students at Dorney Park

| Student Name: | |
|----------------------|----------|
| Student ID #: | · · · |
| Grade: | <u> </u> |
| T-Shirt Size: | <u> </u> |
| Student Cell Phone # | |



Neshaminy School District

Administrative Offices • 2250 Langhorne-Yardley Road • Langhorne, PA 19047

We Build Futures

Extension/Overnight - Parent/Guardian Permission Form *If HARD COPY, this form is two-sided*

| Mr. Fink + Mrs. Winchester | Class | of 2027 + 2028 | | | | |
|--|---|------------------|--|--|--|--|
| (*Teacher) | (*Grade/Class/Club) | | | | | |
| $\widehat{\mathbf{X}}$ | DOES or DOES NOT have my permission to travel to | | | | | |
| (student name) | (circle above) | | | | | |
| Dorney Park (*Trip destination) | By Bus | on $6/3/25$ | | | | |
| / (*Trip destination) | (*Bus, train, car, etc.) *Date | | | | | |
| Student ID #: Emergency Information Parent/Guardian can be reached at the following telephone numbers all day on the day of the trip. | | | | | | |
| Parent/Guardian home, work, or cell number In the event of an emergency, and no one is available at the above-listed numbers, please contact: | | | | | | |
| Name/relationship to the child | | Home/cell number | | | | |

Medication and Medical Conditions

Students on field trips are entitled to the same health services, including medication administration, to which they are entitled while attending school. Students must have an order from a Pennsylvania licensed health care professional with prescriptive authority and parent/guardian permission for all medications and treatments administered to them.

The school <u>may</u> ask a parent to accompany their student on a field trip to provide the necessary care, but it cannot require the parent to do so. Parents may seek a parental designee.

Parental Designee: When a parent/guardian cannot accompany his or her student, the parent may designate a responsible adult to accompany the student with the following restrictions: The parent must provide the supplies and training if the parent delegates treatments or medication administration to a responsible adult. The school nurse may not provide training, supplies, or medications and must not be involved in the delegation process per the Pennsylvania Nurse Practice Act. • The parent may not delegate responsibility for administering treatments or medications to any school staff member, school-designated trip chaperone, or secondary student. • The parent may not prescribe or alter treatments or medication administration orders for the school nurse or other licensed professional unless the parent is a PA-licensed prescriber.

Revised: KTK February 25, 2025

| TO ANY DOCTOR OR HOSPITAL: I permit a physician or hospital to treat my child and order medications, injections, anesthesia, or surgery for him or has named above, in case of emergency. The signature below constitutes authorization to perform any medically necessary treatment for my child du | 1. Please list | st any allergies/med | lical condition(s) sta | aff needs to be mad | e aware of regarding your child in t | he space |
|---|----------------|---------------------------------------|------------------------|-----------------------|--------------------------------------|---------------|
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| TO ANY DOCTOR OR HOSPITAL: I permit a physician or hospital to treat my child and order medications, injections, anesthesia, or surgery for him or has named above, in case of emergency. The signature below constitutes authorization to perform any medically necessary treatment for my child duithis field trip. | | iviedicatio | JN . | | Dosage | |
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| as named above, in case of emergency. The signature below constitutes authorization to perform any medically necessary treatment for my child du this field trip. | Time: | | Special Instruction | ons: | | |
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| as named above, in case of emergency. The signature below constitutes authorization to perform any medically necessary treatment for my child du this field trip. | | | | | • | |
| Parent/Guardian Signature Date | | | | · | | |
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