



Neshaminy School District

2001 Old Lincoln Highway • Langhorne, Pennsylvania 19047-3295

Robert L. Copeland
Superintendent of Schools

Field Trip Form Parent/Guardian Permission

_____ has my permission to travel to _____
student name
Giant Food Store and Tre Fratelli in Summit by Neshaminy School Bus on 12/9/2014
Shopping Center
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

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