



We Build Futures

# Neshaminy School District

Joseph Ferderbar Elementary School • 300 Heights Lane • Feasterville, PA 19053

## 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 condition the staff needs to be made aware of:

\_\_\_\_\_ **Emergency Medication to be carried by student on the trip**  
(Asthma Multi-Dose Inhaler or Epi-Pen)

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

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

### Students on Daily Medication

Please indicate below regarding your child's daily medicine dose for the day of the field trip:

\_\_\_\_\_ My child may omit his/her dose for 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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