NESHAMINY SCHOOL DISTRICT FIELD TRIP FORM

		has my permission to	travel to
	(student name)		
	<u> </u>	by	on
	(trip destination)	(bus, train, car, et	c.)
	(date)	•	
3. 1	EMERGENCY INFORMATION	ON	
	Parent / guardian can be reached day of the trip:	d at the following telephone numbe	ers <u>on the</u>
	(mother's home number)	(mother's work number)	
	(father's home number)	(father's work number)	
	In the event no one is available at the above listed numbers, please contact:		
	(name / relationship)	(phone number)	
	In the event of an emergency, I, the undersigned, hereby give permission for mochild to be taken to the nearest hospital for emergency treatment.		
	(parent / quardian)		

SEE OTHER SIDE FOR FURTHER REQUESTED INFORMATION

My child	My child has the following allergies / medical conditions:			
special construction of the state of the sta				
C. MEDICATI	ON			
PARENTS WH SCHOOL OR V	TION ONLY NEED BE ON TAKE IN TAKE IN TAKE IN TAKE IN TAKE IN TO TAKE IN THE TRIP (IN THE TRIP)	E AN "AS NEEDED"		
Medication	Name:	Dosage:		
Time:	Special Instructions			
The teach student v nurse the the healt	ner/chaperone may hold the stud vill self-administer it. This medic e morning of the trip from the student in suite. It will be sealed in a labe the responsibility of the student to	nedication for the day of the trip: lent's medication until the time the ation will be prepared by the school dent's medicine supply that is kept in eled envelop for the teacher to hold. In the remember to request his/her		
My child r	may omit his/her dose for the day	of the trip.		
My child r	may take the dose when he/she	returns to school.		
I am chap	peroning the trip and will adminis	ter the medication to my child.		
I will cont		ny child's medication needs for the		