

Activity Name: {Activity Name Displays Here}

Holicong Permission Form School Trip

permission slip for field trip

Today's Date

Student Name

My child's homeroom teacher is:

Please note any special health conditions, allergies or illnesses (if not applicable please put "none")

My Child will require medication on this trip. If yes please see disclaimer below.

Yes

No

A nurse will not be available to administer medications on field trips. Parents must package medications at home and deliver this package to the teacher in a sealed envelope. Medications that must be delivered in person need to be given directly to your child's teacher by a parent. On the envelope please indicate your child's name, teacher, and the time the medication needs to be given. The child will be required to self administer medication under the supervision of the teacher. I have read and understand the medication administration process for field trips.

Yes

No

In case of emergency during the event, Please contact: (name, relationship & telephone number)

Enter Full Name:

Date Signed: 2/19/2016



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