



**CENTRAL BUCKS SCHOOL DISTRICT**  
**Permission Slip for Elementary School Sponsored Field Trip**

School: Titus Elementary Class/Teacher: Mrs. Wallace

Student Name (print): \_\_\_\_\_ has my permission to go to  
 Destination: Sky Zone Trampoline Park, Chalfont, PA on Date: Thursday, June 6, 2024  
 From: 10:15 To: 1:30

I understand that transportation will be by (bus, train, foot, car...): Bus

*The School District does not provide insurance protection for personal car usage or being a passenger in a car for a school-related activity. The school is not responsible for damage to or loss of student's personal property during field trips.*

Trip Specific Special Instructions (proper attire, admission fees, meal arrangements, etc.):  
Students should bring bagged lunch with easy-to-dispose contents/containers.  
The cost is \$20. Make checks payable to Titus Elementary. Due May 22, 2024.  
Electronic waivers must be completed by parents/guardians prior to June 6, 2024.

This trip  will  will not run beyond the regular dismissal time.  
 Student will  walk home  be picked up by (Name): \_\_\_\_\_  
 (Telephone Number): \_\_\_\_\_ At (Time): \_\_\_\_\_

Trip Sponsor (teacher): Titus Third Grade Team

My child has the following special health conditions, allergies, illnesses: \_\_\_\_\_

In case of emergency during the field trip, please call:  
 (name): \_\_\_\_\_ at telephone number: \_\_\_\_\_  
 or (name): \_\_\_\_\_ at telephone number: \_\_\_\_\_

*I understand that a nurse will not be available to administer medications on field trips. Parents must package medications at home and deliver them in person directly to the child's teacher in a sealed envelope. Please write on the envelope your child's name, teacher, and the time the medication needs to be given. Your child will be required to self-administer his/her medication under the supervision of the teacher.*

*In case of extreme emergency, when the parent cannot be contacted, I give school authorities permission to call a physician to take whatever action deemed necessary.*

\_\_\_\_\_  
**PARENT SIGNATURE** 6/6/2024  
**DATE**