CENTRAL BUCKS SCHOOL DISTRICT

LEADING THE WAY

The Central Bucks Schools will provide all students with the academic and problem-solving skills essential for personal development, responsible citizenship, and life-long learning.

# PERMISSION SLIP FOR SCHOOL SPONSORED TRIP

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School | | **Holicong Middle School** | | | | | | | Date | | **3/24/2023** | | | |
| Pupil’s Name **(please print)** | | | |  | | | | | | | | has my permission to go | | |
| To | **Beauty & The Beast Cast Party @**  **Inline309** | | | | on | | **3/31/2023** | from (time) | | **2PM** | | | to (time) | **4PM** |
| I understand that transportation will be | | | | | | **NO TRANSPORTATION PROVIDED.** | | | | | | | | |
| Teacher signature | | | J. Glaser | | | | | | | | | | | |

**Additional Information**

|  |  |
| --- | --- |
| Please note any special health condition,  allergies, illnesses, etc. |  |
| In case of emergency during the event, I can be reached at:  (location and phone number) |  |

**PLEASE NOTE:** A NURSE WILL NOT BE AVAILABLE TO ADMINISTER MEDICATIONS ON FIELD TRIPS. Parents must package medications at home and deliver it 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 administer the medication under the supervision of the teacher.

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| --- | --- |
| 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/Guardian Signature |  |

Holicong Middle School • 2900 Holicong Road • Doylestown, PA 18902 • 267-893-2300 • 267-893-5821 (fax)