CENTRAL BUCKS SCHOOL DISTRICT

Permission Slip for Secondary School Sponsored Field Trip

School: CB WEST **Teacher's Name (print):** CLAUDINE PIECHOTTA

Student's Name (print): _____ **has my permission to**

go to (destination): PA THESPIAN CONFRENCE AT WEST CHESTER UNIVERSITY

on (date) 1/2/24-1/4/24 **from (time)** DEPART 11:00 AM **to (time)** RETURN 7 PM

Special Instructions: _____

I understand that transportation will be by (bus, train, foot, car, etc.) BUS
and that 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 district is not responsible for damage to or loss of students' personal property during field trips.

In case of an 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 Name: _____ _____
(Print Parent/Guardian Name) (Parent/Guardian Signature)

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 oral 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 the oral medication under the supervision of the teacher. If your child requires an Epi-Pen or inhaler, parents must provide this medication and send it in with the student. In the event the student is unable to self-administer the Epi Pen in an emergency, the trained school staff will assist with administering this medication.

HIGH SCHOOL STUDENTS ONLY: High school students understand that they are responsible for having all of their teachers sign below, and each student is responsible for making up any missed assignments, tests or class work.

1st Block _____ 2nd Block _____

3rd Block _____ 4th Block _____

Other (if necessary) _____

Teachers: A list of student names must be submitted to the Attendance Office before the trip.