



CENTRAL BUCKS SCHOOL DISTRICT
Permission Slip for Secondary School Sponsored Field Trip

School: _____ **Teacher's Name (print):** _____

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

go to (destination): _____

on (date) _____ **from (time)** _____ **to (time)** _____

Special Instructions: _____

I understand that transportation will be by (bus, train, foot, car, etc.) _____
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) (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 medications at home and deliver it to the teacher in a sealed envelope. On the envelope please indicate your child's name, teacher, medication dosage, and the time the medication needs to be given. The child will be required to self-administer the medication under the supervision of the teacher.

HIGH SCHOOL STUDENTS ONLY: High school students understand that they are responsible for having all their teachers sign below, and that 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.