



Central Bucks School District

Doyle Elementary School
260 N. West Street
Doylestown, PA 18901

Permission Slip for School Sponsored Trip

Student Name: _____ Classroom: _____

has my permission to go on a field trip to **_Lenape Middle School to attend Musical_**

on (date): **_Wednesday, March 7th_**

I understand that the transportation will be by **_walking_**

We will leave from Doyle at **_12:15 PM_** and are scheduled to return at **_2:30 PM_**

Parent Signature _____ Date _____

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

In case of an emergency during the field trip, please call:

(Name) _____ at tel.

_____ or

(Name) _____ at tel.

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

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

Parent/Guardian Signature _____ Date: _____