



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 The Central Bucks YMCA _____

on (date): Thursday June 14th _____

I understand that the transportation will be by walking _____

We will leave from Doyle at 9:00 AM _____ and are scheduled to return at 3:00 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: _____