



## FIELD TRIP PERMISSION SLIP

\_\_\_\_\_ will be participating in a field trip visit to  
STUDENT'S NAME

\_\_\_\_\_ on \_\_\_\_\_ with \_\_\_\_\_  
DESTINATION DATE GROUP/SPONSOR

The group will leave MRHS at approx. \_\_\_\_\_ and return to MRHS at approx. \_\_\_\_\_

Transportation will be as follows: ☐ School Bus both Ways ☐ School car or van(s)  
☐ Walking ☐ Other (explain) \_\_\_\_\_

Special Activity costs for this trip will be \$ \_\_\_\_\_ which includes \_\_\_\_\_

A sack lunch is required: ☐ Yes ☐ No

\_\_\_\_\_ has my permission to participate in the field trip listed above.

STUDENT'S NAME

In the event of an emergency, please contact \_\_\_\_\_  
NAME

HOME PHONE #

WORK PHONE #

CELL PHONE #

Please note any medication the student is currently taking or attention which should be observed in the case of an emergency: \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN**

**DATE**

### FIELD TRIP MEDICATION PROCEDURE

Medications must be furnished by the parent to the teacher. Students may not bring in the medication. If it is a prescription medication, it must be in its ORIGINAL PHARMACY BOTTLE WITH CURRENT DATE, labeled with the child's name, prescription number, and identification of medication along with correct instructions. Over-the-counter medicines must also be in their original containers with labels intact to identify. School personnel will not be responsible or liable for any reaction to medicines given according to the directions on the label. All medications will be kept by the teacher or trip leader.

Parents are responsible for giving necessary student medications to the teacher. Please bring only the number of doses needed for this field trip to the teacher in the ORIGINAL CONTAINER. Please see that the teacher/leader has the medication prior to departure for the field trip.

### FIELD TRIP MEDICATION PERMISSION FORM

(If your child must take medication while on the field trip, please fill out the following form completely.)

I request \_\_\_\_\_ sees that my child

TEACHER OR FIELD TRIP LEADER

\_\_\_\_\_ receives the following medications(s) on this field trip.

List any medications that will accompany the student on the field trip and the dosage and time to be given.

MEDICATION	DOSAGE	TIME TO BE GIVEN
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PRESCRIPTION #	REASON FOR MEDICATION
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MEDICATION	DOSAGE	TIME TO BE GIVEN
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PRESCRIPTION #	REASON FOR MEDICATION
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Special Instructions: \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN**

**DATE**