# EAST TROY
COMMUNITY SCHOOL DISTRICT

## FIELD TRIP PERMISSION SLIP FOR OVERNIGHT TRIPS

To be completed by the classroom teacher:

Teacher/Advisor: Class/Club: Trip Date:

Destination: Leave Time: Return Time:

Cost of Trip: Money Due By: Type of Transportation:

Spending Money: is encouraged is not encouraged/will not be necessary

Special Clothing:

Other:

**RETURN THE BOTTOM PORTION OF THIS FORM**

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To be completed by the parent/guardian:

Destination: Trip Date:

Student's Name:

On the day of the field trip, I can be reached at phone #: Alternate Phone #:

Emergency Contact-Name: Phone #: Cell #:

Emergency Contact-Name: Phone #: Cell #:

Check if any health conditions may affect your child while on the trip:

ADHD Asthma Diabetic Epilepsy Heart Disease

Severe Allergy: Other:

Check appropriate medications that will accompany your child in accordance with School Policy 453-Student Health Services:
*Reminders: All medication must be in original manufacturer's (OTC) or pharmacy-labeled (Rx) container. Written instructions must be on file for OTC (guardian) or Rx (guardian and physician). All prescription medication will be held by staff designated personnel.*

ADHD Med Diabetec Supplies Epi-Pen Inhaler Other/OTC

Med Name: Dose: Time to be Given: Repeat:

Med Name: Dose: Time to be Given: Repeat:

Med Name: Dose: Time to be Given: Repeat:

Physician: Phone #: Hospital:

My child has permission to participate in the field trip described. The information provided on this form is accurate and complete to the best of my knowledge and may be shared with appropriate school and/or emergency personnel on a need to know basis. In the event of an emergency, the school officials are hereby authorized to take whatever action deemed necessary, in their judgment, for protecting the health of my child.

Parent/Guardian Signature: Date: