



**PHOENIXVILLE AREA SCHOOL DISTRICT**  
**FIELD TRIP INFORMATION and PERMISSION FORM**

Our class is going on an educational trip as part of the instructional program.

We plan a trip to \_\_\_\_\_

We plan to leave school at \_\_\_\_\_ on \_\_\_\_\_

Students are expected to bring: \_\_\_\_\_

The cost of the trip will be \_\_\_\_\_. (If you are not able to afford this trip, please let your principal know.)

In order for your child to take advantage of this experience, this permission slip must be signed and returned to his/her teacher on or before \_\_\_\_\_. Please make your check payable to: \_\_\_\_\_

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**PERMISSION FORM FOR FIELD TRIP – PLEASE COMPLETE AND RETURN**

I give permission for my child to take the trip to \_\_\_\_\_ on \_\_\_\_\_

Student's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Special Health Concerns: \_\_\_\_\_

Listed below are medications that my child is currently taking during the school trip. I understand that if I do not list them below, no RX/medication will be given during the trip. All medication must be in the original pharmacy container.

\*\*If a nurse is assigned to the trip, my child may have: \_\_\_Tylenol \_\_\_Advil \_\_\_Tums \_\_\_ Benadryl if needed.

My child will need the following prescription medications for the trip:

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason: \_\_\_\_\_ Time: \_\_\_\_\_

In the event of an emergency which would require medical care and treatment to be administered to the student, I hereby authorize any physician, hospital, or other health care provider to give emergency medical care and treatment to this student.

The undersigned has read this Field Trip Permission Form and declare and affirm that I sanction the consents herein stated.

On the day of the trip, I can be contacted at the following telephone number during in the case of an emergency:

Primary Contact Number: \_\_\_\_\_ Secondary Contact Number: \_\_\_\_\_

Additional contacts in case of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----- To be completed by Nurse -----

*A School Nurse is required on this trip due to medical reasons*