



## Central Bucks School District

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

### Permission Slip for School Sponsored Trip

Student Name: \_\_\_\_\_ Classroom: N1, N2, N3, N4

has my permission to go on a field trip to **Constitution Center** on (date) **05/30/19**.

I understand that the transportation will be by **train**.

The train will leave from the Doylestown Train Station at **7:54 AM** and is scheduled to return at **4:44 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: \_\_\_\_\_