



CENTRAL BUCKS SCHOOL DISTRICT
Permission Slip for Elementary School Sponsored Field Trip

School: _____ Class/Teacher: _____

Student Name (print): _____ has my permission to go to

Destination: _____ on Date: _____

From: _____ To: _____

I understand that transportation will be by (bus, train, foot, car, etc.) _____

The School District does not provide insurance protection for personal car usage or being a passenger in a car for a school-related activity. The school is not responsible for damage to or loss of student's personal property during field trips.

Teacher's Additional Information and Instructions (proper attire, admission fees, meal arrangements, etc.) _____

This trip will *NOT* run beyond the normal dismissal time.

This trip *WILL* run beyond the normal dismissal time. *In this case, parent to indicate dismissal arrangements:* Student will _____ walk home _____ be picked up by

(Name): _____

(Telephone Number): _____ At (Time): _____

My child has the following special health conditions, allergies, illnesses:

In case of emergency during the field trip, please call:

(Name): _____ at telephone number: _____

or (Name): _____ at telephone number: _____

I understand that a nurse will not be available to administer medications on field trips. Parents must package medications at home and deliver them in person directly to the child's teacher in a sealed envelope. Please write on the envelope your child's name, teacher, medication dosage and the time the medication needs to be given. Your child will be required to self-administer his/her medication under the supervision of the teacher.

In case of extreme emergency, when the parent cannot be contacted, I give school authorities permission to call a physician to take whatever action deemed necessary.

PARENT/GUARDIAN SIGNATURE

DATE