

Spring Ford School District Field Trip Permission Form

PLEASE RETURN THIS FORM TO SCHOOL NO LATER THAN

(Date)

An educational trip to _____ is planned for _____, 20____, for the _____ grade.

In case of an emergency, illness, or accident during school hours, please list where a parent or guardian and additional emergency contact can be reached:

1. _____
Name Phone No.
2. _____
Name Phone No.
3. _____
Name Phone No.

Please list all health problems (food/medication allergies) and instructions to the teacher. Please note only emergency medications (inhalers and epi-pens will be sent on field trip by school nurse)

NOTE: This signed form, when returned, will serve as permission for your child to participate in this field trip.

Chaperones may not take their children home after a field trip unless the trip returns to school within 15 minutes of dismissal.

If a chaperone would like to pick up their child at dismissal time, it is requested that he/she writes a note and sends it to their child's teacher the morning of the field trip.

In the event of an emergency requiring medical care and treatment I authorize any physician, hospital or other healthcare provider to administer care. I also give permission for the transport to/from physician or hospital by chaperone or ambulance. I do hereby release Spring-Ford School District, its agents and employees from any and all liability and claim that either party may suffer as a result of emergency treatment.

Child's Name/ Teacher

Parent/Guardian Signature/Date