

Spring Ford School District Field Trip Permission Form

PLEASE RETURN THIS FORM TO THE FPC NO LATER THAN

September 13, 2019

An educational trip to **Healthcare Expo** in MCCC, Blue Bell, PA is planned for **September 24, 2019**, for the students in grades 9 - 12.

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)

Are you a WMCTC student?

_____ Yes, I am an AM WMCTC student.

_____ No, I am not a WMCTC student.

_____ Yes, I am a PM WMCTC student.

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.

Student's Name: _____

Parent/Guardian Signature: _____

Date: _____

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