



THE EPISCOPAL ACADEMY FIELD TRIP PERMISSION FORM

Dear Parents/Guardians,

On **Fri., April 30, 2010** we will be taking a field trip for the **7th Grade Day of Service**.

We will leave The Episcopal Academy at: **8:30AM**. We will return to school at: **2:30PM**.

We will be traveling by: **School Bus or Van**.

Please complete and return the bottom portion of this permission slip by **Friday, April 23, 2010**.

(Student) _____ in (Grade) **7th/I Form** has my permission to attend the field trip to _____ on **April 30, 2010**

(Parent/Guardian Signature) _____ (Date) _____

If your child requires medication* at school on a daily basis, in the evening or on an emergency basis and will need it during the field trip hours, please list below:

Medication _____ Dosage _____ Time _____ Known side effects _____

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**Be advised that the parent/guardian must provide this medication for the student's teacher on the day of the trip. The teacher will supervise the student's self medicating. If your child is unable to self medicate please contact the teacher.*

If there are any new health concerns or limitations please list below:

Medical Insurance Carrier _____ Policy Number _____

On the day(s) of the field trip, emergency contact numbers are:

Father/Guardian (H) _____ (W) _____ (C) _____

Mother/Guardian (H) _____ (W) _____ (C) _____

Other contact: (H) _____ (W) _____ (C) _____

Outdoor work clothes recommended. Students should be certain to wear older, closed-toe shoes, long pants, and appropriate weather gear. Any questions, please ask Mrs. Cirillo. Brown bag lunch required.

The Episcopal Academy

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