NORTH PENN SCHOOL DISTRICT FIELD TRIP PERMISSION

A. PARENT/GUARDIAN PERMISSION

		h	as my permission to travel to
(Student Name)		(HR)	on
	(Bus, train,		(Date)
(Parent/Guardian Signature)		(Sponsor)	
B. EMERGENCY INFORMATION			
(Mother's home number)		(Mother's wor	k number)
(Father's home number)		(Father's work	number)
In the event no one is available at the abo	ve listed nu	mbers, please co	ontact:
(Name)		(Phone number	r)
In the event of an emergency, I the undersnearest hospital for emergency treatment.	-		ion for my child to be taken to the
1 5 7		Guardian Signa	ture)
My child has the following allergies/medi	cal condition	on the hospital st	aff needs to be aware of:
Medical Insurance: My chil	ld has medic	cal insurance	
*Poli	cy name ar	d number	
My chil			or accident insurance
Wy Cilii	id is not cov	cred by heartin (or accident insurance
C. MEDICATION ******THIS SECTION ONLY NEEDS CHILDREN TAKE DAILY ME "AS NEEDED" MEDICATION	DS AT SCI	HOOL OR WE	IO MAY NEED TO TAKE AN
Medication Name:			ge:
Time: Special Instruction	ns:		
Please indicate below regarding your class. The teacher/chaperone may hold the administer it. This medication will be prestudent's medicine that is kept in the healt teacher to hold. It is the responsibility of	e student's r epared by th th suite. It v	nedication until e school nurse t will be labeled a	the time the student will self- he morning of the trip from the nd sealed in an envelope for the
My child may omit his/her dose for	the day of the	he trip.	
My child may take the dose when he	e/she returns	s to school.	
I am chaperoning the trip and will a	dminister th	e medication to	my child.
I will be be contacting the school nu of the field trip.	ırse (215-69	9-9287) to disc	uss my child's medication for the day