

# HUMBLE INDEPENDENT SCHOOL DISTRICT HEALTH SERVICES

## FIELD TRIP PERMISSION FORM

**Must be completed one week prior to field trip**

Student \_\_\_\_\_ Parent \_\_\_\_\_ Phone \_\_\_\_\_  
Cell \_\_\_\_\_

Destination \_\_\_\_\_

Date \_\_\_\_\_ Time/Duration \_\_\_\_\_

**Sponsoring teachers need to be aware of the following:**

Allergies \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medication \_\_\_\_\_

**THE NURSE WILL NOT BE ON THE FIELD TRIP.**

**If your child requires medication while on the field trip, please complete the following:**

1. Will you be accompanying your student on the field trip?    Yes    No
2. Can the medication be delayed until the student's return to the campus?    Yes    No
3. If no, do you give permission for your child's medication to be given by the designated staff member?    Yes  
No

**Medication from the clinic cannot be supplied to the teacher for the field trip. You must send the medication to the designated staff person. It must be in the original container, properly labeled with the student's name and dosage and the following information completed.**

Please give \_\_\_\_\_ the following medication:  
Student's Name

\_\_\_\_\_ at \_\_\_\_\_  
Name of Medication                          Dose                          # of pills                          Time

\_\_\_\_\_  
Signature of Parent or Guardian    Date

Please contact the school nurse if you have any questions or concerns