

Pearl City Schools

K-6 Field Trip Permission

Students in _____ class will be going to _____
on _____. For your child _____
to participate; the school requires the parent to give permission. Please check the appropriate
spaces below:

() I give permission for my child to participate on this field trip.

() I do not give permission for my child to participate on this field trip.

In the event of illness or injury, school personnel will arrange to have your child taken to the nearest medical facility. Your signature indicates you agree to assume all responsibility and expenses incurred while handling this emergency case.

If your child requires medication, (prescription or non-prescription), you must fill in the reverse side of this form to have the medication given while on this field trip. Teachers may not be aware of forms previously filed with the nurse for medications.

Signature of Parent/Guardian

Address of Parent/Guardian

Parent/Guardian phone in case
of emergency on the date of the field trip

Date

Medical Information

Student's name _____

Condition that requires medication: _____

****In the event of an emergency, does your child have any special medical condition of which we should be aware? Example: seizures, allergies.**

Please note: the school nurse will give the teacher only the medication listed on this form to give to your child while on the field trip (pills, inhalers, as needed medication).

Medication name _____

Dosage of medication _____

Time to be given _____

Doctor's name _____ Phone # _____

****I give permission to have my child's teacher administer the medication listed above on the day of the field trip.**

Signature of Parent/Guardian

Date

Parent/Guardian phone number in case of emergency