

Dr. Alan J. Hack, Superintendent
4800 Susquehanna Trail
Turbotville, PA 17772
570-649-5138

FIELD TRIP PERMISSION FORM

EVENT: _____

Sponsor/Teacher's Name _____ School _____

Student's Name _____ Grade/Homeroom _____ D.O.B. _____

Date(s) of Trip _____ Leave School at: _____ Arrive Back at School: _____

Section I. Parent/Guardian Permission—My child has my permission to participate in the **EVENT** on the date(s) listed above. In granting this permission, I understand my child is required to abide by all Warrior Run School District rules and regulations as a condition for participation in this **EVENT**.

Section II. Medical Authorization and Emergency Contacts—A parent or guardian can be reached at the following number(s) on the date(s) of the **EVENT**.

Mother or Guardian: (name/phone #) _____

Father or Guardian: (name/phone #) _____

Alternate (if parent or guardian cannot be reached-name/phone #) _____

Physician Name: _____ Phone: _____

Any serious Allergies or Medical Concerns: _____

Health Insurance Name: _____ Policy # _____

In case of illness or emergency, I authorize the officials of WRSD to contact directly the persons named on this form. In the event parents, guardians, physician, or other persons named on this form cannot be contacted, the school officials are authorized to take whatever action is deemed necessary for the health and safety of my child. I also give permission that my child be taken to the hospital and treated in case of emergency.

Section III. Medications: _____

(Parent or guardian of student with medically necessary medication must check one of the following):

1. I understand and request that my child will omit his/her daily scheduled medication on the day of the trip.
2. My child may take his/her medication (late) upon returning to school.
3. I will accompany my child on the trip and will administer his/her medication.
4. My child has written permission on file at school to carry and self-administer an inhaler or epi-pen (circle one).
5. I will provide written permission from a physician for my child to carry and self-administer his/her **DAILY** medication while on the field trip. (Medication must be stored in its original pharmacy labeled container and contain only the amount of pills needed for this trip).

Section IV: Parent/Guardian's Signature: _____

Elementary School
301 Pine Street
Turbotville, PA 17772
570-649-5164

Middle School
4860 Susquehanna Trail
Turbotville, PA 17772
570-649-5135

High School
4800 Susquehanna Trail
Turbotville, PA 17772
570-649-5166