



St. Anne's Episcopal School

211 Silver Lake Road
Middletown, DE 19709

Middle School Field Trip Permission Form

One form per student

On _____, your child, _____, will be going on a field trip to _____. We will be leaving school at approximately: _____ and returning at: _____.

1. Please specify if your child is allowed to attend this event:

My child WILL be attending My child WILL NOT be attending**

**If your child will not be attending the field trip, you must make alternate arrangements, as the school will not be able to provide classroom supervision on that day.

2. The school will provide transportation (please check the appropriate boxes).

My child has my permission to travel on school transportation.

My child will NOT be using school transportation, but will be traveling with:

3. Will your child need any special medication during this time period?

No Yes (If YES, please complete the back of this form)

4. I understand that _____ (teacher's name) will be in charge of the trip and will take all possible care of the students, but assume(s) no responsibility for accidents. The teacher is also not obligated to assist with medication. If there are any concerns about the dispensing of medications, parents/guardians are encouraged to accompany their child on the trip.

5. Please list an emergency phone number and contact name of a parent or guardian who can be reached during the trip date: _____

Parent/guardian signature _____

Print name _____

Parent/Guardian Permission to Assist with Medication to Student on Field Trip

I give permission for _____ to go on _____
Student's Name *Specify Field Trip*

on _____. I understand a staff member will assist my child with medication.
Date

Information about the medication that needs to be taken by _____ is as
Student's Name

follows:

Name of medication _____

Dose (amount to be taken) _____

Time to be taken _____

How it is taken _____

I understand I must send the medication in the original container.

All of the above information is on the label on the container prepared by the pharmacist as prescribed by

Doctor's Name

The following are any allergies or health conditions my child has: _____

Date _____ Parent/Guardian Signature _____

Please contact your school nurse, _____ if you have any questions.

I understand that the school nurse will provide the following over the counter medications that may be administered, if necessary. I give permission for my child to have (please check all that apply):

- Tylenol (Acetaminophen) 325 mg— 1 tablet
- Advil (Ibuprofen) 200 mg—1 tablet
- Tums (Antacid) - 1 tablet

OVER THE COUNTER
MEDICATIONS WILL ONLY
BE USED ON OVERNIGHT
FIELD TRIPS

Signature of Parent/Guardian

Date