

Forest Hills School District

Sidman, PA

Parental Consent Form – Field Trip

(This release must be completed, signed by parent/guardian and pupil, and returned to the school)

Student Name: _____ Date Of Birth: _____ Grade: _____

Parent/Guardian Name: _____ Home Phone: _____

Parent/Guardian Work Phone: _____ Parent/Guardian Cell Phone: _____

I/We, parent/guardian of _____, hereby grant(s) permission for my/our child to participate in a field trip to:

Field Trip Location: Cambria County College Fair Field Trip Date: 9-17-24
Penn Highlands Richland Campus 9:00 AM - 10:45 AM

Allergies (food, medications, bee stings, other) _____

Medical Conditions that Chaperone should be aware of (Asthma, Diabetes, Bee Stings, etc.) _____

Does your child have a medically prescribed diet? (i.e. Gluten Free, Diabetic, etc.) _____

Does your child have any physical limitations? (i.e. Wheelchair, Crutches, etc.) _____

Name of medication(s) taken by your child on a regular basis: *(Include dosage and time administered)*

Emergency contact if you are not available or cannot be reached:

Name: _____ Phone: _____

Relationship: _____

Family Physician: _____

The undersigned parent/guardian is aware of and acknowledges the risk of injury or harm to my child and understands that my child cannot be personally supervised and kept under observation at all times.

Executed, intending to be legally bound, this _____ day of _____, 20_____

Parent/Guardian Signature: _____ Parent/Guardian (Print): _____

Student's Signature: _____

Does your child require prescription medication to be administered during the field trip: yes _____ no _____
IF YES, PLEASE COMPLETE PAGE 2 ON THE BACK OF THIS FORM.

Failure to complete, sign, and return this document will result in the student forfeiting his/her right to participate in the field trip.

Forest Hills School District

Sidman, PA

Addendum to Parental Consent Form – Field Trip

To be completed only if child requires medication to be administered on the field trip

Medications on Field Trips:

1. A physician's statement (on this consent form below) is required to confirm that a medication must be administered during the field trip and cannot be given before or after the trip, or the dose skipped.
2. A physician's statement is also needed to confirm that the student is or is not able of self-administering the medication(s).
3. If a medication is judged to be necessary for the student to have during the field trip, **BUT** the student is unable to self-administer the medication, arrangements for the student to receive the medication **MUST** be made with the individual in charge of the field trip at least two (2) weeks prior to the field trip.
4. All medications must be brought to school by the parent /guardian in the original labeled pharmacy container with **ONLY THE DOSE NEEDED FOR THE TRIP**, and checked in with the teacher in charge. If any medication needs to be dropped off by the parent/guardian in advance, please give to the school nurse.
5. The student is responsible to notify the individual in charge of the field trip when the medication is due to be taken and the individual in charge must witness the student physically taking the medication. Teachers/administrators are not permitted to dispense/administer medications during school hours, or during school-sponsored events.

If medication is not brought from home by a parent/guardian in its original prescription bottle (in a prescribed dose) accompanied by a physician's statement on this Addendum to Parental Consent Form, the student will **NOT** be permitted to take the medication.

To be completed by the physician:

It is necessary for _____ to take the following medication(s) during this field trip (dose cannot be given before/after trip hours or skipped):

Medication: **(Include Dosage/Time/Name/Route of Medication student is to receive):**

1. _____ 3. _____

2. _____ 4. _____

The student above ___ is able ___ is **NOT** able to self-administer the above medication(s) as instructed.

Physician Name: _____ Phone Number: _____

Physician Signature: _____ Date: _____

My child **IS** able to self administer the above medication as instructed. I understand that the medication **MUST** be brought in by the parent/guardian in and original labeled pharmacy container, in the prescribed dose as needed, and checked in with the teacher in charge. I also understand that the students **MUST** notify the individual in charge of the field trip when the medication is due to be taken and that the individual in charge must witness the student physically taking the medication. I understand the teachers/administrators do not have the authority to administer medication to my child (FHSD policy #210) and relieve them of any liability in my student's self-administration of the above medication.

Parent/Guardian Name (printed) _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____