

**Manheim Central School District
Extra-Curricula / Field Trip Permission Form**

Dear Parent / Guardian,

The following information is requested before your child may participate in any extra-curricula/field trip. Please complete this form and sign your name where indicated below.

Thank you!

STUDENT INFORMATION:

Student Name _____ Date of Birth _____ Age _____ Grade _____

Home Address _____ Home/Cell Phone #s _____

Parents Names _____ Resides with Mom _____ Dad _____ Both _____

E-mail Address _____ Mom's Work # _____ Dad's Work# _____

Alternate Contact Name _____ Phone# _____

Family Physician _____ Phone# _____

Insurance Company _____ Policy # _____

Any Serious Medical Condition or Allergy _____

****Some students have a medical condition which requires prompt assessment and treatment by a trained medical provider (ie. seizure disorder). The classroom teacher has the right to request parent attendance in order for the child to be permitted to go on the field trip.

GUIDELINES FOR MEDICATION PROCEDURES ON FIELD TRIPS:

The classroom teacher will be designated by the school nurse to administer any medication needed on a field trip. The parent will need to bring in to the school nurse any medications for their child that are not kept at school, along with specific instructions on a completed medication administration form (medical condition, name of medication, dosage, time to be given, and directions). The classroom teacher has the right to request parent/guardian attendance in order for a child to be permitted to attend the field trip if the teacher does not feel comfortable with administering a particular medication.

PARENT/GUARDIAN PERMISSION:

I give my consent for my child, _____, to take part in _____
an out of school activity with _____, on _____.
(Club –Class) (Date)

If necessary, I grant permission to have my child transported to the nearest hospital and I give my permission for the hospital to arrange such emergency treatment as may be needed. I will assume responsibility for fees incurred by such an emergency. The information provided on this form is true, to the best of my knowledge. I have read and agree with the guidelines for medication procedures on field trips as stated above.

Parent Signature _____ Date _____