

**Exhibit to Policy 6153 – Field Trips**

**MOUNT LAUREL TOWNSHIP PUBLIC SCHOOLS FIELD TRIP NOTIFICATION**

Dear Parents:

Our Class will take a Field Trip to \_\_\_\_\_

on \_\_\_\_\_.

In order for your child to participate,

I must receive the attached permission form back by \_\_\_\_\_.

Please pay particular attention to the medical portion of the permission form as there will be **no school nurse** available on any field trip unless dictated by a student's IEP, 504 or Medical Health Plan.

\_\_\_\_\_ There **will** be a nurse on this field trip.

\_\_\_\_\_ There **will not** be a nurse on this field trip.

Thank You.

**MOUNT LAUREL TOWNSHIP PUBLIC SCHOOLS FIELD TRIP FORM**

**A. PARENT/GUARDIAN PERMISSION**

STUDENT NAME \_\_\_\_\_ HOMEROOM \_\_\_\_\_

TEACHER \_\_\_\_\_

The above-named student has my permission to travel to \_\_\_\_\_ by bus on \_\_\_\_\_.

**B. EMERGENCY INFORMATION** (Parent/guardian can be reached at the following telephone numbers on the day of the trip.)

\_\_\_\_\_  
Mother's home number

\_\_\_\_\_  
Mother's work number

\_\_\_\_\_  
Father's home number

\_\_\_\_\_  
Father's work number

In the event no one is available at the above listed numbers, please contact:

\_\_\_\_\_  
Name/relationship

\_\_\_\_\_  
Phone number

In the event of an emergency, I the undersigned, hereby give permission for my child to be taken to the nearest hospital for emergency treatment.

\_\_\_\_\_  
Parent/Guardian

**Please Note: There will be NO SCHOOL NURSE available on any field trip unless dictated by a student's IEP, 504 or Medical Health Plan. If your child requires daily medication, it should be administered before or after trip, or a parent should plan to accompany the child. Please complete section below regarding daily medication.**

**C. My child has the following allergies/medical conditions:**

\_\_\_\_\_

**D. MEDICATION---THIS SECTION NEEDS TO BE COMPLETED BY PARENTS WHOSE CHILD MAY NEED TO TAKE AN "AS NEEDED" MEDICATION DURING THE TRIP. (INHALER, BEE STING KIT,ETC.)**

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Special

Instructions \_\_\_\_\_

**Please check below regarding your child's medication for the day of the trip:**

\_\_\_ My child will carry the emergency medication as prescribed by our doctor and self-administer the medication if necessary. After using the medication, my child will report to a chaperone or directly to the first-aid station for further direction and assessment.

\_\_\_ My child may omit his/her dose for the day of the trip.

\_\_\_ I will contact the school nurse to discuss my child's medication needs for the day of the trip.

\_\_\_ I will be attending the trip with my child and will be responsible for his/her medication.

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_