

# Wattsburg Area School District

10782 Wattsburg Road

Erie, PA 16509

## FIELD TRIP PERMISSION FORM

<b>Teachers: Please complete the information in the shaded box.</b>			
Date of Field Trip:		Destination of Trip:	
Departure Time from School:		Estimated Return Time to School:	
Student Cost:		Lunch Information:	
<b>Parents: Please complete this form and return it to your child's homeroom teacher by:</b>			

**Parents: Please indicate whether your child has any of the following health concerns:**

Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of Medication:
Inhaler Needed	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Life-Threatening Allergy To Insect Sting	<input type="checkbox"/> No <input type="checkbox"/> Yes	Treatment:
Life-Threatening Allergy to Food(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Food(s):
		Treatment:
Heart Defect	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Seizure Disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of Medication:
Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of Medication:
Allergy to Drugs	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name(s) of Drug(s):
		Reaction(s):
Other Health Concerns		

**Parents: Please list emergency contact information during the time that your child will attend the field trip.**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If emergency treatment is required and parents/guardians cannot be notified, I give consent for emergency treatment and transport to the nearest emergency room.

**Parents: Please list emergency contact information during the time that your child will attend the field trip.**

I GIVE CONSENT FOR MY CHILD TO ATTEND THE FIELD TRIP.

If your child has a medical condition that may require treatment during the field trip, please check one of the following:

I am able to attend the field trip and administer any medical treatments that my child may require.

I am not able to attend the field trip.

I DO NOT GIVE CONSENT FOR MY CHILD TO ATTEND THE FIELD TRIP.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_