

**Providence Creek Academy
Parent/Guardian Approval for School Trip**

Student's Name: _____ Trip/Activity: _____

Date of Trip: _____ Departure Time: _____ Return Time: _____

Mode of Transportation: BUS _____ CAR _____ OTHER _____

Cost: _____ Lunch/Snack: _____

Comments: _____

Name of Doctor: _____ Doctor's phone number: _____

Allergies: _____

In case of an emergency, I can be reached at the following phone numbers:

Home: _____ Work: _____ Other: _____

I grant permission to seek medical treatment for my child in case of an emergency. I hereby grant permission for the above named child to attend the activity or trip scheduled. I understand that no child is obligated to go on the trip and the responsibility of the school cannot be beyond the exercise of reasonable caution and supervision.

Signature of Parent/Guardian

Date

MEDICATION ON THE FIELD TRIP

If your child takes routine or emergency medication and needs to take this medication on the field trip, please complete **columns 1-4** of the form below.

My child can self-administer with assistance from a trained staff member the following medication on the field trip. Medication must be in the original container.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Medication Name	Dose: Amount to be given	Route: by mouth, inhaled, topical	Time to be given	Time taken	Signature of Staff Assisting with Medication
1.					
2.					
3.					

*** Staff: PLEASE RETURN THE SIGNED FORM TO THE NURSE AFTER THE FIELD TRIP***

Signature of Parent/Guardian

Date

***IF INTERESTED IN CHAPERONING PLEASE COMPLETE EMERGENCY CARD ON BACK. (Chaperones called by teacher upon availability of space)**

Providence Creek Academy Chaperone Emergency Card

Name: _____ DOB: _____

Allergies: _____

Epi-Pen () yes () no

Asthma: () Yes () no Asthma Prescriptions: _____

Physician: _____ Phone #: _____

Preferred Hospital: _____

Spouse/Emergency Contact Person: _____

Cell Phone #: _____ Work #: _____

Spouse/Contact Person Employer: _____

Medical Information: List any important conditions or medications
