



# SFASD Field Trip Permission Form

Please return this form to school no later than (date): **August 5, 2024**

*Trip Destination:* All Band Activities 2024 - 2025 Year

*Trip Date:* Various

*Trip Advisor:* Mr. Walls / HS Band Director

*Approx. Trip Times:* Various

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**Emergency Contact numbers during hours of trip (include name, phone, and relationship to the student):**

- 1.
- 2.
- 3.

**My student has a health condition, severe allergy or medication that impacts his/her care and safety on this trip.**  
**Circle one:**

**YES** (If 'yes' parent complete below; teacher notify nurse)

**NO** (If 'no', proceed to bottom)

**Please list pertinent health conditions & medications required:**

**Please specify if you will be sending the following emergency medication(s) FROM HOME with your child:**

**Inhaler:**  
yes      no

**Epinephrine Auto-Injector:**  
yes      no

**Diabetic Supplies:**  
yes      no

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\*Only emergency medications (inhalers, diabetic supplies and epi-pens) *with Action Plans* can 1) be carried by a student (with physician consent) **or** 2) sent on field trip by school nurse (if trip occurs during school hours). All other medication or medical supplies must be provided by parent as outlined in Spring-Ford's Medication Policy 210.

\*Chaperones may only take their child home after a field trip within 15 minutes of dismissal and with a written note to the teacher the morning of the trip.

\*This signed form serves as permission for your child to participate in this field trip AND authorizes the delivery of emergency care by any physician, hospital, or healthcare provider if needed. This form also gives permission for the transport of child to/from physician or hospital by chaperone or ambulance. I do hereby release Spring-Ford School District, its agents and employees from any and all liability and claim that either party may suffer as a result of emergency treatment.

\*Parent/Guardian is responsible for notifying nurse of any student health condition updates or medication changes prior to field trip.

\_\_\_\_\_  
**Printed name of parent/guardian**

X \_\_\_\_\_  
**Signature of parent/guardian**

\_\_\_\_\_  
**Date**