

**Nazareth Area School District**  
**FIELD TRIP INFORMATION/RELEASE FORM**

Dear Parent/Guardian:  
Our class is taking an educational trip to:

Date: June 3, 2021

\_\_\_\_\_ On \_\_\_\_\_  
(Destination) (Date)  
The time of our departure from school will be \_\_\_\_\_  
The transportation will be provided by: \_\_\_\_\_ a the time of our return will be \_\_\_\_\_  
\_\_\_\_\_ Walking Chartered/Commercial Bus/ Plane X School Bus  
School Van Private Automobile Mini Bus

Special Instructions: \_\_\_\_\_

Each student must have parental permission in order to accompany the class. Please complete and sign the bottom of this form and return it to the teacher/school **as soon as possible**.  
Thank you for your cooperation.

Sincerely, Mr. L. Rick Hilborn

**To be in compliance with the PA Nurse Practice Act the following procedure must be followed in order for medications to be given on field trips:**

- 1) A medication authorization form must be on file in the nurse's office for each medication to be administered. (This includes medication that is taken orally, inhaled, injected, eye drops etc.)
- 2) The medication to be administered during the field trip must be delivered to the nurse's office and placed in the field trip lock box by the parent, legal guardian, authorized adult designee or emancipated student in the original medication bottle/container **at least 5 days prior** to the planned trip.
- 3) *When necessary*, it is the responsibility of the parent/legal guardian to make arrangements for an adult to pick up medication at the end of the field trip.

**If there are any questions regarding this procedure please contact the school nurse.**

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In case of emergency during ANY event, contact:

Name/Names of Contact Person(s) for that day: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

In order to facilitate any emergency treatment that may be needed, please list all medical conditions that the teachers/chaperones should be aware of in case of an emergency. Also, any medication, which your child may be currently taking, should be identified.

Medical Concerns/Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_ none \_\_\_\_\_ Type of Reaction: \_\_\_\_\_

Medication(s) my child is taking: \_\_\_\_\_

\_\_\_\_\_ **My child takes medication in school and:**

\_\_\_\_\_ Will not need to take his/her medication on the field trip

\_\_\_\_\_ Medication time can be adjusted to **before/after** (please circle one) field trip. **Time to be given:** \_\_\_\_\_

\_\_\_\_\_ Will need to take his/her medication on the field trip (**See reverse side of form for procedures**)

*I understand that a nurse may not accompany this activity and that a teacher/principal's designee may administer my child's medication. I authorize the Nazareth Area School District to exclude my child from the field trip if I do not comply with the parent guidelines for medication administration on field trips found on the reverse side of this form.*

I have read and understand the above and give permission for my child to participate in the educational trip as listed.

Student Name: \_\_\_\_\_ Teacher/Team: \_\_\_\_\_

Parent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**\*\* Please Note: Students will not be permitted to participate in field trips without the signature of a parent/guardian. \*\***