

**Georgia Elementary & Middle School
Field Trip Permission Form**

My student, _____ may attend the field trip to _____
_____ on _____

Does this student has asthma? Yes No Students must bring their inhaler on field trip

Allergies: _____ **Epi Pen** Yes No

Medical Problems: _____

Other Concerns: _____

Parents can be reached at the following telephone numbers on the day of the field trip:

Mother: _____

Home: _____ Work: _____ Cell: _____

Father: _____

Home: _____ Work: _____ Cell: _____

If parent or guardian cannot be reached:

Name: _____ phone # _____ phone # _____

Name: _____ phone # _____ phone # _____

The School Nurse is not able to attend field trips and therefore the administration of your child's medication requires a different protocol. In compliance with Georgia Elementary & Middle School Policy, students are not permitted to carry any form of medication. If your student will need any medication during the trip please contact the School Nurse.

⇒ Parent/guardian please check one of the following:

- My student does not take daily medication at school.
- My student will not take his/her daily scheduled medication on the day of the trip.
- Please have the Health Office (School Nurse) send the medication.
- I will accompany my student on the trip and will be responsible for his/her medication.

⇒ Students are **not** permitted to carry their own medication.

In case of illness or emergency, I authorize the staff of Georgia Elementary and Middle School to directly contact the persons named on this form. In the event parents or other persons named on this form cannot be contacted, the school officials are authorized to take whatever action is deemed necessary for the health and safety of my student. I give permission for my student to be taken to the hospital and treated in case of an emergency.

Signature of Parent/Guardian

Date

This form must be returned to the classroom teacher no later than: ____/____/____