

**Newport Elementary | Middle | High School  
Field Trip Permission Slip**

I give permission for \_\_\_\_\_, Grade \_\_\_\_\_, to accompany the  
(Full name of the student)  
\_\_\_\_\_ on a field trip to \_\_\_\_\_ on \_\_\_\_\_.  
(Name of the group) (Location) (Date of trip)

I understand that transportation is by (check one): \_\_\_\_\_ Private Car \_\_\_\_\_ Bus  
\_\_\_\_\_ School Van \_\_\_\_\_ Other

In the event that your child is injured while participating in this trip, or while traveling, and requires immediate medical attention, Newport School District's standard procedure will be:

1. Take the student to the nearest medical facility.
2. Contact the parents.
3. Contact others named on this form in the order presented.

In case of an emergency, please provide the following information:

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to contact if parents are unavailable:

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_
3. \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions, Allergies, and/or Medications being taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

I have read and understand the above information regarding this field trip. I also understand that the Newport School District is not responsible or liable for any personal items taken on the trip that may become lost or stolen. Such items include but are not limited to cell phone, camera, iPod, lap top computer, wallet, and purse.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian Signature)

Please return to \_\_\_\_\_ no later than \_\_\_\_\_.  
(Teacher's Name) (Date permission slips are due)

\*Please Complete and Sign Reverse Side of Form\*

## Field Trip Permission Form

Dear Parents/Guardians,

Your child's safety and well-being are our first concern, especially on field trips. All parents/guardians **MUST** complete the appropriate section and sign where indicated. Parents who have children with medical conditions needing skilled treatment or prescribed medication (ie; Diastat, Insulin, Glucagon, blood sugar testing) on a regular or daily basis **MUST** indicate the appropriate treatment or medication. This form will need to be returned to school within **ONE WEEK** prior to participating on the Field Trip.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Teacher: \_\_\_\_\_

My child **does not** require any special medical needs or medication and may attend the field trip.

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**If your child does require special medical attention and/or medication (s), please choose from the options listed below for field trip medical management.**

- My child will not participate in the field trip.
- My child will not require his/her medication on the day of the field trip.
- My child may take their medication at an alternate time. I will collaborate with the school nurse.
- My child may participate only if an RN, LPN is available on the field trip.
- I will be available on the field trip for my child's needs.
- I have arranged for \_\_\_\_\_, delegate, to be available to attend to my child's needs during the field trip.
- My child has a physician order to carry and self-administer their Epinephrine auto-injector or asthma rescue inhaler during the school day to include field trip activities.

**Please list all medications and/or medical procedures that will be required, as well as times:**

1. \_\_\_\_\_ Time: \_\_\_\_\_

2. \_\_\_\_\_ Time: \_\_\_\_\_

The school must receive this completed and signed form 1 week prior to the date of the field trip. Your child may not participate in the field trip without your signed permission. **It is the parent/guardian's responsibility to provide necessary medication the day of the field trip. The medication should be sent in to the delegate, in its original container, as a single dose, in a sealed envelope, with the student's name, name of medication, and time of administration written on the envelope. Please note if you forget to supply the medication the day of the field trip, the school nurse is unable to dispense this medication from the Health Room Stock to the delegate. Emergency Medications will be made available for students who have their medication stocked in the Health Room.**

**I HAVE READ THE ABOVE STATEMENTS REGARDING MEDICATION ADMINISTRATION ON FIELD TRIPS. I UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THESE GUIDELINES.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (PRINTED) \_\_\_\_\_