

Coatesville Area School District

Parental Permission for Field Trip

I hereby give permission for _____ to go on a supervised educational trip to _____ on _____ in conjunction with studies in Air Force JROTC.

All possible care and precaution will be taken to safeguard the pupil from accident or injury. However, written consent of the parent is required as well as evidence of health insurance for each student before making the trip.

I release the school district, administrators, teachers, chaperones, and district employees from any liability in the event of an accident.

Signature of Parent or Guardian

Field Trip Information

Field Trip to: _____

Date of Trip: _____

Teacher in Charge: _____

Purpose of Trip: _____

Cost of Trip: _____ Event Start: _____ Event End: _____

Meals/Transportation: _____

Dress and Conduct: Uniform Combination _____

All school rules and regulations are to be observed on field trips. Students should remember that they are representing the Coatesville Area School District. Students are responsible for valuables. Neither the school nor the bus contractor will be responsible for items left on the bus.

Please Sign and Return Parent Permission Form (Front and Back)

CASD Field Trip/Emergency Information

Student Name: _____
Parent Name: _____ Home Phone: _____
Father's Work Phone: _____ Mother's Work Phone _____
Address: _____
Birth Date: _____ Height/Weight: _____ Allergies: _____
Medical Problems: _____

I understand that regular school bus transportation will be used. Listed below are any medications that my child will need during the field trip. All medications must be sent from home and be in the bottle with the original RX/medication label and given to the teacher. I understand that if I do not list the item below, no RX/medication will be given during the trip. Please contact the school nurse if you have any questions.

Name of Medication and Dosage: _____

Health Insurance Company & Policy Number: _____

In the event of an emergency and if parents or guardians cannot be reached – call:

1. Name: _____ Phone: _____
Relationship: _____
Address: _____

2. Name: _____ Phone: _____
Relationship: _____
Address: _____

Family Physician: _____ Phone: _____
Family Dentist: _____ Phone: _____

If the above persons cannot be reached in an emergency and there is a need for medical or hospital care, the school may call an ambulance, if necessary, to transport my child to a local facility.

I agree to consent for any treatment, surgical and diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgement of the attending physicians.

My child may take the following medication when needed.

Permission	Yes / No
Tylenol	
Benadryl (Antihistamine)	
Used for bee allergies and bee stings	
Peppermint	

Signature of Parent or Guardian