

Field Trip Permission Form

Student's Name: _____ has my permission to go with
the ART grade students of EAST WILKES HIGH School on a field trip to
WINSTON-SALEM, NC on 12-9-10
(location) (date)

Mode of Transportation: School Vehicle (Bus) ✓
Public Carrier _____
Private Vehicle _____

Driver: Mr. KEITH LYON

Departure Time: 7:45 AM

Approximate Time of Return: 5:45 PM

(Parent Signature) (Date)

To Whom It May Concern:

In case of an accident or medical emergency which requires immediate medical attention to my son or daughter, I give my permission to take whatever action is necessary.

Date: _____

Child's Name: _____

Date of Birth: _____

Parent's Signature: _____

Event: _____

Home Phone # _____ Cell # _____

Work Phone # _____ Emergency # _____

Insurance Company: _____ Policy # _____

***Emergency Medical Information** (Please note any physical disabilities, convulsive disorders, allergies, sensitivities, diabetes, etc.):

Wilkes County Schools
Parent Permission for Field-Trip/Overnight Field Trip Medical Update

Student Name _____ Date of Birth _____
Field Trip Destination WINSTON-SALEM INC Date(s) of Field Trip 12-9-10
Student's Teacher MR. TRAVIS GENTRY Grade _____ School EAST WILKES HIGH
Parent Name _____ Home Phone # _____
Address _____ Cell/Work Phone # _____
Student's Doctor _____ Dr. Phone # _____
Insurance Company & Phone # _____ Emergency Contact # _____

1. Check any that apply. My child has:

- No health problems
- Serious Allergy** to: _____
 - Will send student with an Epi-Pen.
 - Please take the Epi-Pen used at school.
- Asthma**
 - Will send an inhaler with student.
 - Please take the inhaler used at school.
 - The name of inhaler medication: _____ and should be given at following times:
Time: _____ Dose: _____
Time: _____ Dose: _____
- ADD/ADHD**
 - Will give the teacher appropriate doses of medicine in the original prescription container.
 - Please take appropriate medication from school supply.
 - The name of the ADD/ADHD medication: _____ and should be given at the following times:
Time: _____ Dose: _____
Time: _____ Dose: _____
- Diabetes**
 - The Diabetes Care Plan from school should be followed.
 - The Diabetes Care Plan should be followed with these added instructions:

- Seizures**
 - Type of seizure _____
 - My child has an Emergency Plan at school and it should be followed.
 - Will give the teacher appropriate doses of medication in the original prescription container.
 - Please take appropriate medication from school supply.
- Other**
 - My child will need other medication while on the field trip and I will deliver it to the teacher in its original container with Medication Consent Form completed by parent and physician. Times to be taken as follows:
Medication name _____ Dose: _____ Time: _____

2. Has Wilkes County Schools "Request to Administer Medication" form, signed by both physician and parent, been completed and given to teacher: Yes No

3. Does your child have any health issues or needs that may need consideration while on the field trip? If yes, explain:

You have my permission to assist/supervise my child taking the medications listed or checked above. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. In the event of an emergency or serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child's well being while on the trip.

Parent Signature _____ Date _____