

**South Portland High School
Field Trip Permission Slip**

Student Name : _____, Gr _____

Is given permission by:

Parent/Guardian _____

To attend a field trip for:

Class _____ Teacher: _____

Place: _____

Date: _____ Time: _____

Does your child have any medical concerns? allergies? Yes _____ No _____

If yes, please explain _____

Will your child need to take medication while on the field trip?

If yes, please contact the school nurse @ 767-3266.

1. The medication must be supplied and brought to the school by the parent in the original container-only the amount needed for the trip.
2. The parent must sign the school's permission slip.
3. Students are permitted to carry their inhalers, epipens and insulin supplies (with signed parent permission)—**all other medication including over-the-counter is held by the teacher(s), according to school board policy.**
4. My child may take ibuprophen (1-2 tabs) or acetominophen (1-2 tabs) in case of minor illness. The medicine will be given by the adult supervisor on the field trip. Y ___ N ___

Signed: _____ Date: _____

(My signature also authorizes emergency medical treatment in the event I cannot be reached.)

Address: _____

Home ph: _____, work ph: _____, cell ph _____

Emergency contact: _____ ph: _____ cell ph _____

This must be a person who can care for your child if you cannot be reached.

Date:

Rev. 03/2004