K-12 Field Trip Information Packet
Ephrata Area School District

Date _______ 06/11/19 _________

Our class is taking an educational trip to _______ Brownstown CTC _________

Destination

on _______ 11/21/19 _______ with _______ TBA _________. The time of

Date Class/Teacher

our departure from _______ EHS Lobby _________ will be _______ 11/21 8:00am _______ and the

Location Time and Date

time of our return will be _______ 11/21 11:00am _______.

Time and Date

Transportation will be provided by:

☐ Walking  ☐ Chartered Bus  ☑ School Bus  ☐ School Van  ☐ Private Automobile

Special Instructions: __________________________________________________________

Each student must have parental permission in order to accompany the class. Please complete and sign the attached form and return it to the teacher/school by _______ 11/08/19 _______.

If your child needs medication, please review the guidelines on the back of this form.

Thank you!
If, in order to maintain sufficient health to participate in a school sponsored field trip, a student must be given medication the following guidelines must be followed:

- Whenever possible, parents shall be requested to administer the medication at home prior to the trip or seek permission from their physician to adjust the medication administration time.

- When a student is to participate on a field trip and requires the administration of medication, every effort should be made to accommodate the child’s parent/guardian on the trip so he/she can administer the medication.

- If it is determined that a student will require the administration of medication while on a field trip, parents will need to provide the following to the school nurse at least 3 days prior to the field trip:
  - one dose of the medication in an appropriately labeled pharmacy bottle
  - written directions stating time and dose of administration
  - completion of the district’s medication authorization form by a physician and signed by the parent if not already on file in the health room.

- On the day of the field trip, medication will be administered to the student as follows:
  - By the nurse at the regularly scheduled time if the student is in the building either prior to or after the trip, or at the adjusted time designated by the parent.
  - By the parent/guardian, at the designated time, if he/she is a chaperone on the trip.
  - By a nurse at the designated time, only if parents have complied with the medication administration guidelines on field trips. Failure to comply with medication guidelines will result in exclusion of the child from the field trip.
### Field Trip Information/Release Form

Our class will be attending an educational trip to: **Brownstown CTC**

<table>
<thead>
<tr>
<th>Date of Trip</th>
<th>11/21/19</th>
<th>Class/Teacher</th>
<th>TBA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Departure Time</td>
<td>8:00AM</td>
<td>From (Location)</td>
<td>EHS Lobby</td>
</tr>
<tr>
<td>Return Time</td>
<td>11:00AM</td>
<td>Return Date</td>
<td>11/21/19</td>
</tr>
<tr>
<td>Transportation</td>
<td>☑ School Bus</td>
<td>☐ Chartered Bus</td>
<td>☐ Walking</td>
</tr>
</tbody>
</table>

Each student must have parental permission in order to accompany the class.

Please complete the front and back of this form and return to the teacher/school by **11/08/19**.

<table>
<thead>
<tr>
<th>Student Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Home Telephone #</td>
</tr>
</tbody>
</table>

In case of an emergency **DURING THE FIELD TRIP**, please contact:

Name/Names of Contact Person(s) for that day:

<table>
<thead>
<tr>
<th>Contact Person 1.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>Alternate Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Person 2.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>Alternate Number</td>
</tr>
</tbody>
</table>

In order to facilitate any emergency treatment that may be needed, please list all medical conditions that the teachers/chaperones should be aware of in case of an emergency. Also, any medication, which your child may be currently taking, should be identified.
Medical Concerns/Conditions

Allergies __________________________ Type of Reaction __________________________

Medication(s) Required for Field Trip: (see attached Field Trip Guidelines)

Will your child require medication during this field trip?  Yes ☐  No ☐
Can you go on the field trip to give your child medicine?  Yes ☐  No ☐
Do you have current clearances to go on the field trip?  Yes ☐  No ☐

I have read and understand the above and give permission for my child to participate in the educational trip as listed.

Student Name __________________________ Teacher/Team __________________________

**Parent Signature __________________________ Date __________________________

Authorization for Emergency Transportation and Treatment

I hereby authorize school or ambulance personnel to transport my child to a physician’s office and/or hospital for treatment in the event emergency care is needed. Further I authorize the designated physician and hospital professional staff to treat him/her as they deem necessary in an emergency situation. I do hereby release, discharge, and hold harmless the Ephrata Area School District, its agents and employees, from any and all liability and claim either we or your child may suffer as a result of these requests for medication and emergency treatment. I am aware that non-medical chaperones may be supervising self-administration of the requested medication(s) to my child.

**Parent/Guardian Signature __________________________ Date __________________________

** Please Note: Students will not be permitted to participate in field trips without the signature of a parent/guardian.

Insurance Company __________________________ Policy Number __________________________