

GARNET VALLEY SCHOOL DISTRICT

STUDENT PERMISSION FORM FOR FIELD TRIP

This form must be completed in its entirety. If this form is not completed and returned to the school, the child will not be permitted to attend the trip.

Name _____ ID# _____ Grade _____ School GVHS
Teacher Dr. Selfridge
A trip will be made on 2019-2020 school year By GVHS Band
To Away games, competitions and concert events For 1 Day(s)
The purpose of the trip is Band performances

The total cost to the student for the trip is Money for food or snacks
This includes _____
Transportation will be provided by GVSD
Departure time As posted Place Outside HS band room
Return Time As posted Place Outside HS band room

EMERGENCY

In case of illness or accident, your permission is needed to allow the sponsor to arrange for medical assistance/hospitalization. Please contact the following in a medical emergency:

1. Name & Relationship _____ Phone # _____
2. Name & Relationship _____ Phone # _____

MEDICAL INFORMATION

Known allergic reactions _____
Daily required medication _____
Other _____

****SERVICES THAT NEED TO BE PROVIDED ESPECIALLY FOR MY CHILD UNDER HIS/HER I.E.P. OR HIS/HER 504 PLAN (IF APPLICABLE) ARE AS NOTED:** _____

Family Physician _____ Phone # _____

Is Student covered by medical Insurance? Yes _____ No _____

If yes, please give insurance name and card number _____

I give permission for my son/daughter _____ to go on the above field trip.

I give permission for my son/daughter _____ to receive emergency medical care as arranged by the sponsor.

Signature of Parent/Guardian _____ Date _____

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MEDICATION ADMINISTRATION CONSENT FORM

I/We, _____, the undersigned parent(s) and/or guardian(s) of _____ do hereby authorize the school nurse or other employee designated by the principal, an employee and authorized representative of the Garnet Valley School District, to administer the following medication _____ to my/our child for the purpose of treating _____ (medical condition). This includes in school and on field trips.

In consideration of the administration of prescription drugs and non-prescription drugs by the nurses' and/or designated employees who are employed by said district, I hereby covenant and agree to hold harmless and indemnify all such employees against any and all claims, damages, expenses, attorneys' fees, suits, cause or causes of action in law and equity or any place howsoever which may be brought against such employees because of a negligent act or omission committed by such employees in connection with such administration. This agreement shall be effective until revoked by me in writing.

Note: If possible, parents are advised to give medication at home and on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following School District procedures must be followed:

- ❖ Medication must be ordered/advised by physician/dentist and permission granted to the R.N. at the school to contact physician/dentist if necessary.
- ❖ Medication must be brought to school in original container with appropriate label intact. If medication is not properly labeled, it will NOT be given. The medication must be given to the R.N. at the beginning of the day and kept in the Nurse's suite. Oral medication may not be carried by the student during school hours. Asthma inhalers/epinephrine inhaler, insulin or epipen may be carried by the student, when the family physician and the parent/legal guardian gives written permission on file in the nurses office.
- ❖ Medication of more than 2 weeks duration must be accompanied by a physician's note.

We have discussed this procedure with our child and he/she understands that it is his/her responsibility to get the medication at the designed time.

I give permission for my/daughter to carry his/her inhaler, insulin or epipen in school. Yes ____ No ____.

Medication _____

Dosage _____

Time of Administration _____

Date _____ Signature of Parent/Guardian _____