



A campus of Bensalem, Bristol Borough, Bristol Township, Morrisville, Neshaminy & Pennsbury School Districts

Field Trip Permission Form – School Nurse

Grade: _____ Class/Teacher: _____

Student Name: _____ has my permission to go to

Destination: _____ Date: _____

From (time): _____ To: _____

I understand that transportation will be by (car, bus, train, school van) Other: _____
circle one

Please answer Yes or No to the following questions:

Does your child have a health condition that would require immediate intervention by a nurse, i.e. a seizure disorder with an emergency medication? YES NO

Does your child have daily medication routinely given at school scheduled for administration during the hours of this trip? YES NO

Is there an additional concern regarding the need for a School Nurse to attend this trip? YES* NO

* Please explain: _____

** We may contact you regarding medications routinely given at school to discuss altering the schedule for the day.*

Please note your child may carry his or her inhaler or Epi-Pen for use as needed.

Medication shall be administered in accordance with applicable laws, regulations, board policies, and district procedures.

In case of an emergency during the field trip, please call:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In case of an emergency, a serious injury, or illness, when the parent or emergency contact cannot be reached, I give school authorities permission to call emergency services and to take whatever action is deemed necessary.

Parent signature: _____ Date: _____