

Student Services

Field Trip Medication Form

**SEDALIA SCHOOL DISTRICT #200
2806 Matthew Drive, Sedalia MO 65301**

Field Trip & Medication Permission Form

_____ will be participating on a field trip to _____
(Student Name) (Place)
on _____ with _____
(Date) (Teacher/Team Name)

The students will depart from school on that day at _____ and return to the school approximately at _____.

Transportation to and from the school will be arranged by the school. Appropriate chaperones will be appointed by the school.

Students (**will/will not**) need to bring a sack lunch on that day.

The educational objectives of the field trip are as follows:

I request that my child be permitted to participate in the above field trip. I agree to instruct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have medicine and/or medical treatment while participating in this trip, I hereby give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school district; district employees, officers and directors; and other participating adults from any liability in connection with this request.

I request and give permission for the following medication(s) to be administered during this field trip: _____

(List name and dosage of all medication, such as daily scheduled medications, inhalers and/or Epi-pens)

My student has the following allergies and/or medical condition: _____

OR

My student is not permitted to attend this field trip.

(Signature of Parent or Legal Guardian) (Home Phone)

(Home Address) (Work/Cell Phone) (Emergency Phone)

* No student may attend a class field trip without this permission form signed by a parent/guardian. Permission by parents may NOT be given over the phone.