

## FIELD TRIP STUDENT PERMISSION FORM

Date of Event: February 29, 2020	Destination: Springfield High School
Teacher: Mrs. Janet Barber & Ms. Rebecca Luff (co-advisors)	Grades: 9-12
Purpose of Trip: to participate in the 2019 Steve Stefani Dance Marathon on 2/29/20	
Arrival Time: 6:15AM (event begins @ 7AM)	Place: SHS Gold Gym
Departure Time: 10PM	Place: SHS Gold Gym
Information: There will be food, refreshments, and entertainment provided all night for the participants.	

**PLEASE COMPLETE THE BOTTOM PORTION OF THIS FORM**

STUDENT NAME: \_\_\_\_\_ HOMEROOM: \_\_\_\_\_

EMERGENCY: In case of illness, accident, or need for medical care, parent authorization is required to allow the sponsor to perform or arrange for medical assistance or hospitalization.

Parent or Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

**INSURANCE INFORMATION:** \*If you have medical insurance, please provide information below.

Insurance Company: \_\_\_\_\_ ID # \_\_\_\_\_ Group# \_\_\_\_\_

**MEDICAL INFORMATION:**

Known Allergies: \_\_\_\_\_

Other Medical information: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

- Please check if your child receives doctor prescribed medication dispensed by the school nurse during the school day. (If this box is checked, please choose from one of the following.)
- I choose NOT to have my child receive his/her medication on the day of the field trip.
  - I will arrange an adjusted time with the school nurse for the medication to be given to my child either before or after the field trip.
  - I prefer that my child be given his/her medication on the day of the trip during the regular dosage time. (Under PA law and School Code, only a licensed nurse may dispense medication to a student. An independent contracted nurse will be hired by the District to dispense the medication during the trip.)

Daily Required Medication: \_\_\_\_\_

\*Note: Medication must be sent in prescription container clearly labeled with:  
1) Student's name 2) Name of medication 3) Dosage 4) Time to be taken.

**PARENT/GUARDIAN PERMISSION AND AUTHORIZATION**

I give permission for my son/daughter to attend this field trip. If my child is receiving medication on the field trip, I hereby waive, release, discharge and/or hold harmless the said employee and school district from any and all liability for any reaction, injury, harm, and/or damage which may be caused to my child by reason of administering the medication pursuant to my authorization herein, including but not limited to negligent acts or omissions.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## SSDM 2020 T-Shirt Fee Form Notice

After registering online via DonorDrive, get the permission slip filled out by a parent or guardian.

You will also need to submit \$10 for your event t-shirt.

### Options for t-shirt payment:

\_\_\_\_\_ \$10 cash

\_\_\_\_\_ \$10 check (payable to SSDM) check # \_\_\_\_\_

\_\_\_\_\_ \$10.25\* via Venmo (@SSDMftk) – please put name of participant in description

\*we are charged a processing fee of \$0.25 for every transaction

Return this form, your permission slip and your \$10 t-shirt fee to Mrs. Barber's room (108) or Ms. Luff's room (206) in an envelope with your FULL name clearly marked on the front.

Dancer/Committee Member Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_