

## FIELD TRIP NOTIFICATION FOR CAFETERIA

Sponsoring Teacher: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Number of students who will not be eating lunch: \_\_\_\_\_

## FIELD TRIP NOTIFICATION FOR SCHOOL NURSE

Sponsoring Teacher: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Grades/levels of students participating in field trip: \_\_\_\_\_

List of student participants (attached):

### CHAPERONE AGREEMENT FORM

I am willing to be a chaperone for the \_\_\_\_\_  
trip to

\_\_\_\_\_ on \_\_\_\_\_  
(Destination) (Date)

I will be responsible for supervising students as directed by  
\_\_\_\_\_  
(Sponsoring Teacher)

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### CHAPERONE AGREEMENT FORM - FOR THE SPONSORING TEACHER'S FILE

I wish to be a chaperone for the \_\_\_\_\_ trip to

\_\_\_\_\_ on \_\_\_\_\_  
(Destination) (Date)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please return this portion to the sponsoring teacher.

## DAY/ EXTENDED DAY FIELD TRIP PARENT/GUARDIAN PERMISSION FORM

Dear Parent/Guardian:

The \_\_\_\_\_ at \_\_\_\_\_ has planned a field trip to \_\_\_\_\_ on \_\_\_\_\_. The purpose of the trip is to \_\_\_\_\_.

Transportation will be provided by \_\_\_\_\_ with a departure time of (means of transportation) \_\_\_\_\_ and return time of \_\_\_\_\_. The cost to the student is \_\_\_\_\_.

Yours truly,  
Sponsoring Teacher

Principal's Approval \_\_\_\_\_

(Detach and return lower portion to school)

\_\_\_\_\_ (Student's name) has my permission to attend the field trip to

\_\_\_\_\_ under the supervision of \_\_\_\_\_

(Sponsoring Teacher).

I have fully read this permission slip. I have explained to my child that while participating in the above-described field trip, my child must adhere to the Baltimore County Board of Education's Code of Conduct, Board Policies, and Superintendent's Rules. I fully understand and have explained to my child that failure to follow this Code of Conduct, the Policies and/or Rules may result in disciplinary action.

\_\_\_\_\_  
(Date)                                      (Signature of Parent/Guardian)                                      (Signature of Student)

In case of an emergency while on the trip, please contact me at \_\_\_\_\_

If there is medical information pertinent to my child's participation, I will contact the school nurse in order to evaluate, revise, and update information that may already be on file.

*The Board Of Education Shall Not Be Financially Liable For Losses Due To Changes Or Cancellation Of Field Trips.*

# OVERNIGHT FIELD TRIP/ FOREIGN TRAVEL PARENT/GUARDIAN PERMISSION FORM

Dear Parent/Guardian:

The \_\_\_\_\_ at \_\_\_\_\_ has planned  
(Organization/Student Group) (School)  
\_\_\_ an overnight field trip to \_\_\_\_\_ on \_\_\_\_\_.  
\_\_\_ foreign travel (Destination) (Inclusive Dates)

The purpose of the trip is \_\_\_\_\_.  
to \_\_\_\_\_ (reason for overnight trip/ foreign travel)

Transportation will be provided by \_\_\_\_\_ with a departure  
(all means of transportation)

date/time of \_\_\_\_\_ and return date/time of \_\_\_\_\_. The  
(date and approximate time) (date and  
approximate time)

cost to the student is \_\_\_\_\_. A schedule of fees and a detailed itinerary is attached.  
(amount)

Yours truly,

Principal's Approval \_\_\_\_\_

Sponsoring Teacher

(Detach and return lower portion to school)

\_\_\_\_\_ has my permission to participate in \_\_\_ the overnight field  
trip (Student) \_\_\_ foreign travel

to \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Destination) (Departure date/time) (Return  
date/time)

under the supervision of \_\_\_\_\_.  
(Sponsoring Teacher)

I have fully read this permission slip. I have explained to my child that while participating in the above-described field trip, my child must adhere to the Baltimore County Board of Education's Code of Conduct, Board Policies, and Superintendent's Rules. I fully understand and have explained to my child that failure to follow this Code of Conduct, the Policies and/or Rules may result in disciplinary action.

\_\_\_\_\_  
(Date) (Signature of Parent/Guardian) (Signature of Student)

In case of an emergency while on the trip please contact me at \_\_\_\_\_.  
If there is medical information pertinent to my child's participation, I will contact the school nurse in order to evaluate, revise, and update information that may already be on file.

**THE BOARD OF EDUCATION SHALL NOT BE FINANCIALLY LIABLE FOR LOSSES DUE TO CHANGES OR CANCELLATION OF FIELD TRIPS.**

**STUDENT HEALTH HISTORY FOR OVERNIGHT OR FOREIGN TRAVEL FIELD TRIPS**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Birth date

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

Person to be called in case of emergency if parent/guardian cannot be reached:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Telephone

List any health problem(s):

List any allergies (bee sting, medications, food etc.):

List any medications, including prescribed medications for allergies:

List any accessibility and/or health concerns that you have regarding this trip:

Any prescribed and/or over-the-counter medications **MUST** have a physician's order. Complete the attached authorization to administer medication or treatment and return to school nurse.

I hereby consent to disclosure of the above information to the responsible adult(s) supervising my child on this trip.

\_\_\_\_\_  
Activity

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# AUTHORIZATION TO ADMINISTER MEDICATIONS/TREATMENTS

## This side to be completed by Parent or Legal Guardian

Dear Parent/Legal Guardian:

If your health care provider decides that it is necessary for your child to receive medication during the field trip, a health care provider's order along with your permission must be provided to the school. All medication must be brought to school in the original, or a duplicate container that has been labeled by the pharmacist, with the current prescription on the container. Over-the-counter medicines must come in their original, factory-labeled container. A nurse will not be in attendance on this field trip.

Please sign the bottom of this form, have your health care provider complete the back of this form, if necessary, and return it to the school nurse. These forms and ALL medications must be given to the school nurse by \_\_\_\_\_(date). On the field trip, designated school personnel will dispense all oral medications to students per doctor's orders. For medications administered other than orally, or for medical treatments, the school nurse will contact you and a plan will be developed to meet the health needs of your child.

\_\_\_\_\_  
School

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Phone

\_\_\_\_\_  
School Nurse

I hereby give my permission for the designated school personnel to administer medication during the field trip to my child as delegated by the school nurse.

\_\_\_\_\_  
Field Trip Destination

\_\_\_\_\_  
Date(s)

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature of Parent/Guardian

