

**Pottstown School District  
Field Trip Permission Form**

Please complete and return entire form by \_\_\_\_\_

Teacher:

Dear Parent/Guardian:

Your child, \_\_\_\_\_, has the opportunity to participate in a field trip to \_\_\_\_\_ on \_\_\_\_\_. Departure time is \_\_\_\_\_ and expected time of return is \_\_\_\_\_.

I give permission for my child to attend the field trip and my child and I agree to comply with the school district policy for field trips (5600).

\_\_\_\_\_  
(\*Parent/Guardian's signature)

\_\_\_\_\_  
(phone)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(student's signature)

Money Enclosed: \_\_\_\_\_ Yes \_\_\_\_\_ No  
(if applicable) \$

**Complete for the teacher to take along on the trip.**

Student Name:

Home Room:

Parent Name:

Home Phone:

Address:

Alternate Phone:

INSURANCE COVERAGE YES \_\_\_ NO \_\_\_ INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_  
MEDICAL ASSISTANCE CARD (DPA) \_\_\_ CARD NUMBER \_\_\_\_\_ RECIPIENT NUMBER \_\_\_\_\_

**STUDENT MUST HAVE INSURANCE COVERAGE IN ORDER TO PARTICIPATE.**

EMERGENCY PROCEDURES: IN CASE OF EMERGENCY, I AUTHORIZE THE SCHOOL/REPRESENTATIVE TO OBTAIN OR ADMINISTER EMERGENCY CARE; AND, IF NECESSARY, TO TAKE MY CHILD TO THE CLOSEST MEDICAL PHYSICIAN OR SCHOOL PHYSICIAN TO PROVIDE INITIAL EXAMINATION AND TREATMENT.

\_\_\_\_\_  
(\*Parent Signature)

**CONTACT INFORMATION:**

Mother at \_\_\_\_\_ Phone: \_\_\_\_\_  
Father at \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

ALLERGIES: SEASONAL \_\_\_ INSECT \_\_\_ MEDICATION \_\_\_ FOOD \_\_\_ ASTHMA \_\_\_  
BLOOD PROBLEMS \_\_\_ CONVULSIONS \_\_\_ HEART PROBLEMS \_\_\_ DIABETES \_\_\_

MY CHILD IS TAKING PRESCRIPTION MEDICATION FOR THE FOLLOWING CONDITION \_\_\_\_\_  
NAME OF MEDICATION \_\_\_\_\_ PRESCRIBED BY DR. \_\_\_\_\_  
OTHER MEDICAL PROBLEMS \_\_\_\_\_

FOR WHATEVER REASON, ILLNESS, BREACH OF DISCIPLINE, ETC., IT IS THE PARENT'S RESPONSIBILITY TO ASSUME ALL FINANCIAL RESPONSIBILITY FOR OBTAINING NECESSARY MEDICAL CARE FOR THE STUDENT.