

**Westmont Hilltop Trip Approval Form Grades K-12**

Each student must submit a properly completed approval form to the teacher or sponsor to be eligible to participate in any approved school trip.

The completed form must be returned by \_\_\_\_\_ for the student to be eligible to attend and for any arrangements to be made. There will be no exceptions to this.

\_\_\_\_\_ has permission to go on the approved school trip to

Name of student \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_ under the supervision of  
Destination Date/s

**Please list all of your child's medical conditions of which the teacher/sponsor should be aware:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list emergency contacts who can be reached during the field trip hours:**

**Parent/Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**Other Contact** \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

In the case of an emergency, when an emergency contact cannot be reached, I give school authorities permission to call 911, or take whatever action is deemed necessary, including transportation of the child to a local hospital at my expense.

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

**If your child needs to take PRESCRIBED medication on this trip, please turn over and complete the reverse side.**

**Please initial one of the following if your child will require prescribed medication on this trip:**

I understand that my child will omit his/her daily scheduled medication on the day of the trip.

My child may take his/her regularly scheduled medication upon returning to school.

I will need arrangements to be made for my child to take daily medication on the trip **OR**

I have contacted my child's school nurse to discuss this matter.

I will need arrangements to be made for my child to have prescribed, as needed emergency medications for a documented medical diagnosis (other than epinephrine and rescue inhalers) available on the trip **OR**

I have contacted my child's school nurse to discuss this matter.

**Rescue inhalers may be carried by the student and self-administered upon need.**

My child will carry an emergency inhaler and self-administer as needed. The doctor's order and written parental permission have previously been submitted to the school nurse.

My child is not permitted to carry an emergency inhaler and self-administer as needed.

Should the nurse send your child's school inhaler on the trip? YES  NO

**Emergency Epinephrine may be carried by the student and self-administered upon need**

My child will carry an emergency Epi Pen and self-administer as needed. The doctor's order and written parental permission have previously been submitted to the school nurse.

My child is not permitted to carry an emergency Epi Pen and self-administer as needed.

Should the nurse send your child's emergency Epi Pen on the trip? YES  NO

**List of necessary prescribed medications my child will need on the trip:**

Medication \_\_\_\_\_ Prescribed dosage \_\_\_\_\_

Administration time/s \_\_\_\_\_ Purpose \_\_\_\_\_

Medication \_\_\_\_\_ Prescribed dosage \_\_\_\_\_

Administration time/s \_\_\_\_\_ Purpose \_\_\_\_\_

Medication \_\_\_\_\_ Prescribed dosage \_\_\_\_\_

Administration time/s \_\_\_\_\_ Purpose \_\_\_\_\_

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

\_\_\_\_\_  
Date