

Kiski Area School District

Field Trip Permission Slip

200 Poplar Street, Vandergrift, PA 15690

IMPORTANT: If your child requires medication/nurse on the field trip, this permission slip is due not later than one week prior to the field trip.

_____ I, the undersigned parent (or guardian), do permit my child, _____
to participate in the field trip on

_____ Month _____ Date _____ Year

_____ I, the undersigned parent (or guardian), do **not** permit my child, _____
to participate in the field trip on

_____ Month _____ Date _____ Year

Important Medical Information: Check and complete all that apply.

- My child has a life-threatening allergy to:
 - Bees
 - Food: _____
 - Other: _____
- I have an order written by our private physician for the current school year on file in the nurse's office for:
 - Epi-pen
 - Oral antihistamine (i.e. Benadryl)
- My child has other allergies/medical conditions the staff should be aware of:
 - Other allergies: _____
 - Medical conditions: _____
- My child has a rescue inhaler:
 - In the Nurse's Office
 - Carries the Inhaler
- My child sees the school nurse daily for a scheduled medication/procedure ordered by our private physician.
- My child has medications, with an order from our private doctor, that are kept in the school nurse's office to be given as needed.

Below, please list two names and phone numbers where a guardian may be reached in case of an emergency during the field trip. Your child's homeroom teacher will hold on to these numbers in case of an emergency.

Emergency Contact #1 _____ Telephone _____

Emergency Contact #2 _____ Telephone _____

Parent/Guardian Signature _____