HUMBLE INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES

FIELD TRIP PERMISSION FORM

Must be completed one week prior to field trip

Student_____ Parent_____ Phone_____

Cell_____

Destination_____

Date_____ Time/Duration_____

Sponsoring teachers need to be aware of the following:

Allergies_____

Emergency Contact_____ Phone_____

Child's Physician_____ Phone_____

Medication_____

THE NURSE WILL NOT BE ON THE FIELD TRIP.

If your child requires medication while on the field trip, please complete the following:

1. Will you be accompanying your student on the field trip? Yes No
2. Can the medication be delayed until the student's return to the campus? Yes No
3. If no, do you give permission for your child's medication to be given by the designated staff member? Yes No

Medication from the clinic cannot be supplied to the teacher for the field trip. You must send the medication to the designated staff person. It must be in the original container, properly labeled with the student's name and dosage and the following information completed.

Please give _____ the following medication:
Student's Name

_____ _____ _____ at _____.
Name of Medication Dose # of pills Time

_____ _____
Signature of Parent or Guardian Date

Please contact the school nurse if you have any questions or concerns