

**School District of Newberry County  
FIELD TRIP PERMISSION FORM  
2017-2018**

**To be Completed by the Teacher:**

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

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

Departure Time \_\_\_\_\_

Time Returning \_\_\_\_\_

Other Details of the Trip \_\_\_\_\_

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**To Be Completed by Parent or Guardian and Returned to the School:**

I, \_\_\_\_\_, hereby give my permission for my  
                     **Name of Parent or Guardian**  
 child, \_\_\_\_\_, to participate in the class field trip  
                     **Child's Name**  
 to \_\_\_\_\_ on \_\_\_\_\_.  
                                     **Destination**                                    **Date of Trip**

**NOTICE: It is the responsibility of the parent/guardian to notify the school nurse at least two weeks prior to the field trip, whether overnight or day, of any health changes/concerns/or medications needed on trip that is different from the information parent/guardian provided on the Registration Form at the beginning of the year. If medication is needed on a field trip for a day or overnight field trip other than medication already at school, the parent and/or guardian is responsible for completing a NCSD Medication Form, including Health Care Provider signature if needed, and bringing medication to the school nurse at least **two weeks prior to the field trip**. If help is needed completing the NCSD Medication Form, please contact the School Nurse. Failure to comply may result in medication not being administered on trip.**

**Please check one of the following:**

There have been **NO** health changes since completing the health information on the Registration Form at the beginning of the year.

There have been health changes since completing health information on the Registration Form at the beginning of the year. I (parent/guardian) will contact school nurse to update health information.

**Signed:** \_\_\_\_\_  
                     **Signature of Parent or Guardian**

**Date:** \_\_\_\_\_

**Parent/Guardian Phone Number:** \_\_\_\_\_