

**School District of Newberry County  
FIELD TRIP PERMISSION FORM  
2018-2019**

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

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