

# Lincoln-Way Area Special Education Joint Agreement District #843

601 WILLOW STREET • FRANKFORT, IL 60423 • PHONE: (815)806-4600 • FAX: (815)806-4601

## FIELD TRIP PERMISSION RELEASE

**NON-RECURRING FIELD TRIP**

Attending School \_\_\_\_\_  
Grade Level/Subject Area \_\_\_\_\_  
Field Trip \_\_\_\_\_  
Date/Time \_\_\_\_\_  
Location \_\_\_\_\_  
Rationale \_\_\_\_\_  
Transportation \_\_\_\_\_  
Fee \_\_\_\_\_  
Medical Information \_\_\_\_\_

**RECURRING OFF SITE FIELD TRIP**

This permission slip will be used for all off site trips for:

These trips are part of the \_\_\_\_\_ program and are designed to enhance the curriculum or meet IEP Goals. These off site trips will take place throughout the  trimester /  semester /  year on \_\_\_\_\_.

Attending School \_\_\_\_\_  
Transportation \_\_\_\_\_  
Medical Information \_\_\_\_\_

**School Medication Authorization Form** – If the district School Medication Authorization Form is on file the PARENT/GUARDIAN SHOULD CONTACT THE SCHOOL NURSE to assure that the field trip supervisor will be alerted to the student's needs. DO NOT SEND MEDICATION INDEPENDENTLY.

**Supplemental Medication** – If you have normally scheduled medication for your child other than the school times and the field trip disrupts his/her routine, please CONTACT THE SCHOOL NURSE TO DISCUSS THE PROCEDURES TO BE FOLLOWED AND BE PREPARED TO PROVIDE THE FOLLOWING INFORMATION:

- Student's Name
- Prescription Number
- Medication Name/Dosage
- Administration Route and/or Other Directions
- Date and Refill
- Licensed Prescriber's Name
- Pharmacy Name, Address and Phone Number
- Name or Initial's of Pharmacist

If bringing over-the-counter medication, the container is to be affixed with the manufacturer's original label indicating the ingredients and the student's name.

Reminder of any allergic reactions:

As parent/guardian of \_\_\_\_\_ grade \_\_\_\_\_ I hereby grant permission to the above field trip sponsored by District 843 and understand the information supplied regarding such trip.

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

\_\_\_\_\_  
Date

Please send this form and payment to your child's teacher by: \_\_\_\_\_