WEST CHESTER AREA SCHOOL DISTRICT

ADMINISTRATIVE GUIDELINE
APPROVED: August 1, 2015
REVISED:

121AG2 PERMISSION FORM

Parent/Guardian:

The school authorities encourage educational trips under suitable conditions as part of class work. We are glad to have your child go with the group on the trip named below:

1. Place (Itinerary): Hershey Park and nearby competition location (TBD)

2. Date: Friday, May 16, 2025 Starting hour: Approx. 7:30 ✔ am ☐ pm
   Est. Return hour: 7:00PM ☐ am ✔ pm

3. Teacher(s) in Charge:
   Kyle Risch, Molly Bond, Liz Shafman

4. Transportation: Wertz Motor Coach

5. Cost to Pupil: $130

6. Name of Pupil:

7. Building: Building:

8. Special Instructions from School:

9. If your child has medical considerations or medical needs, please list here and attach the completed Field Trip Medical Information/Field Trip Medication Administration Form – 121AG6.

Important: All arrangements for any medication that will be necessary on a field trip must be made with the nurse before the day of the trip.

Parent/Guardian Signature: _____
Address:
Phone:
Email:

☐ I am willing to serve as a chaperone on this field trip.

WEST CHESTER AREA SCHOOL DISTRICT

No. 121AG6

ADMINISTRATIVE GUIDELINE
APPROVED: August 1, 2015
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121AG6 FIELD TRIP MEDICAL INFORMATION FORM

(Please complete pages 1 & 2 and return to the student's teacher with the Permission Form 121AG2)

Name of Field Trip: SMS Music In The Parks Location of Trip: Hershey Park

Student Name: _____ Building: Building:

Teacher: _____ Grade: _____ Homeroom: _____

IN CASE OF ILLNESS OR ACCIDENT NOTIFY:

PARENT/GUARDIAN

Relation	Name	Employer	Work Phone #	Cell Phone #	Home Phone #
Father ☐ Step ☐					
Mother ☐ Step ☐					
Guardian ☐					

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

ACCIDENT INSURANCE

Name of Insurance Company: _____

Policy Number: _____

Allergies: _____

Medical Conditions: _____

PLEASE PROCEED TO PAGE 2
REVIEW IMPORTANT INFORMATION REGARDING MEDICATIONS AND THEIR ADMINISTRATION AND PROVIDE ADDITIONAL SIGNATURES

I give permission, at no expense to the school district or its personnel, to take my child or to transport by ambulance, to the nearest available doctor or hospital in case of medical emergency while on the above-named trip.

PARENT/GUARDIAN signature: _____ Date: Friday, May 16, 2025

121AG6 FIELD TRIP MEDICATION ADMINISTRATION FORM

WEST CHESTER AREA SCHOOL DISTRICT

No. 121AG6

ADMINISTRATIVE GUIDELINE
APPROVED: August 1, 2015
REVISED:

Name of Field Trip: SMS Music In The Parks Location of Trip: Hershey Park

Student Name: _____ Building: Building:

Teacher: _____ Grade: _____ Homeroom: _____

Name of Parent/Guardian *(please print):* _____

Please note: We are required to have written physician orders to administer medications. Physician written orders already in place at the school nurse's office need not be duplicated. HOWEVER, doctor's signatures are required for any OTHER medications with which the school nurse has not been involved (i.e. once daily meds that are given on awakening or at bedtime). Please have him/her complete and sign below.

Some field trips will not have a professional nurse present. In that case, no over the counter medications may be given. If a nurse is going on the trip, I give permission for the nurse to give my child:

Tylenol ☐ yes ☐ no Benadryl ☐ yes ☐ no Advil ☐ yes ☐ no Antacids ☐ yes ☐ no

on the trip as deemed necessary.

MY CHILD REQUIRES THE FOLLOWING ESSENTIAL MEDICATIONS:

DIAGNOSIS	MEDICATION	DOSAGE	TIME	ROUTE

ALL MEDICATIONS MUST BE IN THEIR ORIGINAL, LABELED CONTAINERS FROM HOME. PLEASE SEND ONLY THE AMOUNT NEEDED FOR THE TRIP.
DO NOT SEND LOOSE MEDS IN BAGGIES-THEY WILL NOT BE GIVEN

All medication must be given to the nurse (*or lead teacher, if there is no nurse*) upon arrival to school on the day of the trip (*or before*). They will be turned over to the supervising adult upon departure. Medications and the signed forms must be received on or before the time of departure or will not be given.

HEALTH CARE PROVIDER (*Pediatrician or Family Doctor*):
I certify as the Health Care Provider that the above stated medications are to be given to the above named student while on the above-named trip.

_____ _____

HEALTH CARE PROVIDER signature & phone number Date

PARENT/GUARDIAN:
I, as the parent/guardian, wish to have the above stated prescription medication(s) taken by the above named student during the above named trip.

_____ _____

PARENT/GUARDIAN signature & phone number Date

WEST CHESTER AREA SCHOOL DISTRICT

No. 121AG7

ADMINISTRATIVE GUIDELINE
APPROVED: August 1, 2015
REVISED:

121AG7 FIELD TRIP PARENT DELEGATION OF MEDICAL AUTHORITY
(*GRADES 6-12 ONLY*)
(Please complete and return to the student's teacher)

Name of Field Trip: SMS Music In The Parks Date of Trip: May 16, 2025
Student Name: _____ Date of Birth: _____
Building: Building: Grade: _____ Homeroom: _____
Name of Parent/Guardian (please print): _____

I am the parent/guardian of the above named student. (Date of birth must be completed above). My child is diagnosed with _____and is under the treatment of _____M.D. who has prescribed _____. My child is responsible for self-administering. My child is of sufficient competence and maturity to understand and to implement this regimen as prescribed per the West Chester Area School District's medication policy (121AG6).

I hereby delegate to the West Chester Area School District and its designated employees and agents my authority as parent and legal guardian of my child to authorize the self-administration of his treatment regimen during the school-sponsored trip as listed on the date above. I understand and accept that a school nurse will not be present at any time during this activity and the teacher in charge will be responsible for the medication before and after my child self-administers it.

_____ _____
PARENT/GUARDIAN signature & phone number Date