

**C.W. Davis Middle School**  
**Permission to Participate in Field Trip**

Student Name: \_\_\_\_\_

This permission slip form has been signed only after understanding  
and considering the following information:

Trip planned and purpose of trip:

**All off campus Chorus trips for the 2022-2023 academic year**

Supervision: **Chorus Director and Parent Chaperones**

Method of Transportation: **Hall County School Bus or Charter Bus**

Funds Requested:

Amount: \$ **TBA** Purpose of Funds: **\*event specific; will be announced**

Contribution of the above requested funds is purely voluntary. Your child will in no way be denied participation or penalized if you do not contribute.

Insurance: I understand that the Hall County Board of Education does not or may not carry any insurance relative to the trip or for injuries to the student. My child has insurance either through the Board's student insurance program or through my own insurance carrier.

\_\_\_\_\_  
Health Care Provider's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Health Care Provider's Address

Medications my child is currently taking: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Other Medical concerns: \_\_\_\_\_

\_\_\_\_\_ My child will purchase a school lunch for the field trip.

\_\_\_\_\_ My child will bring his/her lunch for the trip.

I request that the above named student be allowed to participate in the filed trip planned and specifically consent to his/her participation.

I also authorize the school to obtain through a physician of its own choice any emergency care that may become reasonably necessary for the student during the trip. I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student during the trip.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parents,

Field trips are considered part of the school day and as such schools must assure the safety of all students and staff. Any medication administered to students are done in such a way that it complies with board policy and procedures. The school nurse is the point of contact to coordinate medication management for out of school field trips. The nurse will assure that designated personnel on the trips are trained in proper administration of prescription, emergency and as needed medication.

Students WILL NOT keep any medications, even over-the-counter medications, in their possession. By law, exceptions are made for asthma inhalers and epinephrine auto injectors and this must be discussed between parents and the school nurse, with proper documents.

Life threatening emergency medications (Epinephrine auto injectors, insulin, and Albuterol) are allowed. Students with *written permission to self-carry medication on file with the school nurse* (albuterol and epinephrine auto injectors) will be allowed to carry their own medications.

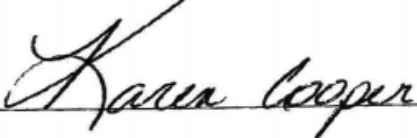
If your student requires a prescription medication that is *not normally taken during the school day*, the Hall County Parent Medication Permission form and a current date on the medication bottle is to be provided to the nurse by the parent.

Only over the counter medications that the student is currently taking on a *regular or daily basis* should be allowed on field trips (i.e.: daily Zyrtec) therefore a Parent Medication Permission form is required.

Delegated staff are not allowed to administer as needed medications such as Tums or Acetaminophen unless the proper paperwork is filled out. If you feel strongly that your child may need an as needed medication while on the trip, the medication must meet the Hall County Schools Medication guidelines and all proper paperwork will be required.

If your student will need any of the above mentioned medications while away on the Field Trip, please notify the school nurse by email, phone or return the form attached below.

Thank you for your consideration in this important matter to keep your child safe while away from school.

  
\_\_\_\_\_

School Nurse

\_\_\_\_\_  
Date

Yes, my child will require medication while on an overnight field trip and I will provide necessary documents (available on the HCSD website) to the school nurse/school staff.

Student name \_\_\_\_\_

Teacher and field trip \_\_\_\_\_

Parent name and best contact number \_\_\_\_\_

Medication(s) \_\_\_\_\_