

October , 2017

Dear Parents/Guardians,

Due to the fact that the spring time has so many events , our team is taking our annual trip to Gettysburg this fall. We will go on our trip to Gettysburg on November 2, 2017. Students may pack a lunch or bring money since we will be close to KFC , McDonald's or General Pickett's buffet restaurant. The times for the trip are 8:00 AM to 4:30 PM. Since we will be arriving back at HMS after the regular school day, please make sure transportation arrangements are made for your child. While at Gettysburg we will have a:

- **Tour of the battlefield**
- **Visit to the Gettysburg Museum & Visitor Center**

What to bring:

- ◇ **Good walking shoes that you don't mind getting a little muddy**
- ◇ **Warm & Dry clothes depending on the weather, we will be outside essentially all day!**
- ◇ **An umbrella in case it is raining**

There will be ample time for eating and the possibility of souvenir shopping while in Gettysburg. It should be a really exciting trip.

Please return the attached permission slip to Mr. Finkill by October 24 .

Derry Township School District
Field Trips, Tours and Field Study Parental Permission and
Health Information Form

Student's Name _____ Date of Birth _____

Address _____

Home phone # _____ Student lives with _____

Father's Name _____ Daytime phone # _____

Evening/night phone # _____

Mother's Name _____ Daytime phone # _____

Evening /night phone # _____

Family Doctor: _____ Phone #: _____

Health Insurance _____ Policy/Group # _____

If HMO, name/phone number to call: _____

1. Please note any medical conditions (include specific symptoms) that the student may have and their usual treatment:

2. Does the student have any allergies (i.e. medications, food or environmental)?

No Yes, to what? _____

3. Does the student take any prescription medications? No Yes

If yes, please list the name, dose, the prescribed times of administration.

If yes, does your child have a medication prescription on file in the nurse's office for this academic year regarding this medication? Yes No

Please Note:

If your child requires administration of medication during the school activity, all three of the following must be provided to the school nurse at least one week prior to leaving on the school activity:

1. A doctor's written instructions (name of drug, dose, time, and route of administration) for each medication to be administered while on the school activity.

PLEASE COMPLETE BOTH SIDES--OVER

2. All medicine must be in the original container and labeled with the child's name, instructions for administration, content identification and the name of the physician who ordered the medication. Please ask the pharmacist for a "school bottle" with a complete label and the amount of medication that will be needed for the school activity.
3. The parent/guardian must provide written permission for the administration of any medication. A medication card (provided by the school nurse) must be completed by the child's parent/guardian and returned to the school nurse prior to leaving on the school activity. (By signing permission for medication administration the parent/guardian release, discharge, and hold harmless the Derry Township School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the medication to the child.)

If all three of the above criteria are not met, the student will not have medication administered to him/her during the school activity.

Important Notice: Even if your child currently receives medication at school, it is necessary to get the above requirements for doses of medication that are not currently given at school on a daily basis (i.e. a medication dose at 4 PM).

4. Are there any special medical accommodations needed for your child while on this school activity?
5. Please initial the following medications that you grant permission to be administered to your child as necessary by a nurse or physician who has been DTSD approved for the field trip: **This is only for trips with an Accompanying nurse**
6. Tylenol _____ Benadryl _____ Tums _____ Ibuprofen _____

In the event that my child and/or ward, becomes ill or is injured while attending or traveling to or from any school function, I, as parent and/or guardian, hereby authorize the Derry Township School District or any of its representatives to transport my child to a hospital or physician if neither parent can be contacted after reasonable investigation and if the Derry Township School District feels that immediate medical evaluation is necessary.

I further authorize the physician or hospital to whom my child is taken to render any necessary medical or surgical treatment, which is deemed necessary under the circumstances.

Parental/guardian signature _____ Date _____

I hereby give permission for my child to go on an educational activity to

_____ Gettysburg, PA ___ on November 2, 2017 _____.

Parental/guardian signature _____ Date _____

Student Signature _____ Date _____