



The School District of Haverford Township  
 50 East Eagle Road  
 Havertown, PA 19083

**School District of Haverford Township Field Trip Permission Form**

I \_\_\_\_\_ hereby give \_\_\_\_\_  
(Parent/Guardian name) (Student Name)  
 permission to attend the field trip to **Band & Orchestra performance in Virginia Beach, VA**  
(Location of Trip)  
 on **17-19 April** during the hours of **early morning of 17 April** and **evening of 19 April**.  
(Date of Trip) (Time of Trip)

- a. Cost of trip per student   N/A    
(Please make checks payable to School District of Haverford Township)
- b. Chaperones needed    Yes    No    Chaperone Cost   N/A

II. Emergency Contact Information

Please list a local emergency contact where someone may be reached during the field trip in the event of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home# \_\_\_\_\_ work # \_\_\_\_\_ Cell# \_\_\_\_\_  
 Alternate contact \_\_\_\_\_ Phone # \_\_\_\_\_

III. Student Responsibility

The student has the responsibility to have this form completed and returned to the sponsoring teacher at least **three (3) weeks** prior to the trip date. This form must be returned to the sponsoring teacher no later than **27 March**. If you fail to do so, you will not be allowed to participate in this trip.  
(due date)

**STUDENTS ARE RESPONSIBLE FOR ANY WORK MISSED AND ARE TO SEE THEIR TEACHERS TO MAKE ARRANGEMENTS.**

IV. Teacher Notification

Teachers whose classes are to be missed must sign below using a full last name. Your signature does not signify permission, but indicates that you have been notified of this trip.

\*\* A check (✓) in the boxes below indicates that the teacher has a concern about this student missing his/her class.

**Block 1** \_\_\_\_\_

**Homeroom** \_\_\_\_\_

Attention Homeroom Teachers: DO NOT MARK STUDENT ABSENT ON DAY OF TRIP.

**Block 2** \_\_\_\_\_

**Block 3** \_\_\_\_\_

**Block 4** \_\_\_\_\_

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- V. In case of an emergency, when neither parent(s) nor emergency contact can be reached, I give school authorities permission to call a physician, or take whatever action is deemed necessary, including transporting my child to a local hospital at my expense.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- VI. Please list below any **medical concerns** and/or **medications** that need to be administered during the field trip. Any medication to be administered during the trip requires doctor's orders, and written parent permission to be on file with the school nurse and the medication provided in its original container.

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\_\_\_\_\_ I request that my child be permitted to self administer his or her own medications under adult supervision as prescribed during this field trip. I acknowledge that the school entity or employee bears no responsibility for the benefits and consequences of the prescribed medication when it is parent authorized. Procedures for self administration are provided on the back of this document.

\_\_\_\_\_ I do not give permission for my child to self administer medication.

**Signature for self administration** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Self-administration of Medication by Students**

Students may self-administer medication on field trips subject to the following conditions:

1. The medication (including prescription and non-prescription medication) will be held by school staff for self-administration.
2. All medication (including prescription and non-prescription medication) will be kept in a properly labeled container. Non-prescription medication will also be clearly labeled with the student's name.
3. Emergency self-administration is permitted when specifically authorized by the student's physician and need not take place in the presence of a designated adult.
4. All non-emergency self-administration shall take place in the presence of the nurse or when the student is out of the building during a school sponsored activity, adult designated by the principal. The principal shall designate in writing the person(s) responsible for supervising self-administration of medication and keeping the prescription log when not done in the presence of the nurse.



Dear Parent/ Guardian:

This letter is to inform you of the procedure regarding student medication on field trips. This procedure was adopted because the Nurse Practice Act does not permit nurses to delegate the administration of medication to non-licensed personnel (except epi-pen for severe allergic reactions).

This procedure requires that no field trip will be scheduled until the medication administration needs of a student, who parents have provided medication to the school nurse, have been met. Those needs may be met in one of three ways:

- The student may self-administer his/her medication under adult supervision, if permitted in writing by the child's parents and physician;
- The student's parent /guardian may attend the trip to administer medication; or
- A licensed RN or LPN may attend the trip.

**If none of the above can be provided, the field trip will not be scheduled. No children in grades K-2 will be permitted to self-administer medication.**

Each teacher organizing a field trip will work with the school nurse to identify all students who may require medication during the field trip and will ensure that the medications needs of all students are met before scheduling the trip. Whenever possible, we encourage medication to be given on a schedule outside of school hours.

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2. All medication (including prescription and non-prescription medication) will be kept in a properly labeled container. Non-prescription medication will also be clearly labeled with the student's name.
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4. All non-emergency self-administration shall take place in the presence of the nurse or when the student is out of the building during a school sponsored activity, adult designated by the principal. The principal shall designate in writing the person(s) responsible for supervising self-administration of medication and keeping the prescription log when not done in the presence of the nurse.

5. The school nurse shall orient the person(s) designated by the principal to supervise the self-administration of medication. This orientation will include:

- a. The regulations regarding self-administration.
- b. A review of specific medications which are to be self-administered including side effects.
- c. A detailed explanation of the task expectation.
- d. Provide a medication log for documentation.

6. School staff will observe the student's self-administration of medication. If the student is unable to meet the following criteria, a parent or guardian will be contacted prior to permission being given for self-administration except in the event of a medical emergency.

7. The self-administration is otherwise in conformance with the District's medication policy.

8. To self-administer medication, the student must be able, to the satisfaction of the school nurse

- a. Respond to and visually recognize his/her name.
- b. Identify his/her medication.
- c. Measure, pour and administer the prescribed dosage.
- d. Sign his/her medication log to acknowledge having taken the medication.
- e. Demonstrate a cooperative attitude in all aspects of self-administration.

**NO STUDENTS IN GRADES K-2 ARE PERMITTED TO SELF-ADMINISTER MEDICATION**

Thank you in advance for your cooperation in this matter.

Sincerely,

Mr. Neil Evans  
Interim Director of Pupil Services

01/31/19