

Johnson County Schools
Field Trip Form

Please complete the following information so that we can make the necessary preparations for students who will be away during their scheduled medicating/procedure times. Forms turned in late may cause delay in your departure time as the school nurse packages the medications needed by students. Please note: if a student requires a nurse to perform a procedure while on the field trip, the Department of School Health Services must be notified at least 2 weeks in advance to guarantee the availability of a nurse. Otherwise the parent will need to accompany or have a designated person who is knowledgeable of the student's health needs to be present on the trip.

School: _____ Teacher: _____

Purpose of Field Trip: _____

Date of Field Trip: _____

Please check the appropriate box. This form must be turned in regardless of student attending the fieldtrip.

Student will be attending fieldtrip

Student will NOT be attending fieldtrip

_____ has my permission to attend _____
Student's Name Event

on _____ with _____
Date Department

Departure Time: _____ Return Time: _____

"In case of accident or illness, I release the Johnson County School System of all responsibilities and I authorize any system employee to get medical attention for my child. I also authorize the hospital and physician to administer any necessary medical attention. I understand that I am responsible to notify the school system of any medical changes during the school year so that the appropriate medical care may be facilitated."

List of any known medical problems: _____

List of any known allergies: _____

List of any current medications: _____

Signature of Parent or Guardian

Date

Phone Number

Emergency Name & Number

**This form is to accompany teacher on field trip.