

Lansdowne Friends School

FIELD TRIP PERMISSION

This form **MUST** be on file no later than the first day of school.

I hereby give permission for my child, _____, to accompany Lansdowne Friends School on school sponsored trips during the School Year 2019-2020. In the event that I cannot be reached in an emergency, I hereby give permission to any physician selected by the Lansdowne Friends School teachers leading the trip, to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above.

Parent/Guardian Signature _____ Date _____

IN CASE OF EMERGENCY DURING A FIELD TRIP, LIST 3 CONTACTS IN THE ORDER TO BE CALLED:

1. NAME _____ PHONE _____
2. NAME _____ PHONE _____
3. NAME _____ PHONE _____

If permission is not granted, specify alternative course of action: _____

EMERGENCY MEDICAL INFORMATION:

The medical information regarding allergies is vital to the safety of your child particularly in cases of severe reactions.

My child (check one): _____ IS allergic to:

(check any applicable) _____ bee or bug stings _____ medication _____ foods

Describe or explain _____

My child (check one): _____ DOES need medication to be administered in school.

Describe or explain _____

If medication is necessary during school hours, forms must be on file in the office. Contact Tr. Linda.

ACCORDING TO STATE LAW: MEDICATIONS CANNOT BE ADMINISTERED AT SCHOOL UNLESS THE REQUIRED FORMS ARE ON FILE. FORMS CAN BE DOWNLOADED FROM THE LANSDOWNE FRIENDS SCHOOL WEBSITE (FAMILIES/FORMS).

PHYSICIAN AND INSURANCE INFORMATION

Name of Student's Doctor _____ Telephone # _____

Office Location / Address _____

Insurance _____
CARRIER ID NUMBER GROUP#

Students are covered for accidents through student accident insurance by Uninvest.

Please list any food that your child may not eat due to any non-allergy related restriction (example: religion, vegan): _____