Burkburnett Independent School District
Health Services

Field Trip Permission Form

Must be completed one week prior to field trip

Student _____ Parent _____ Phone _____

Destination _____

Date _____ Time/Duration _____

Sponsoring teachers need to be aware of the following:

Allergies _____

Health Conditions _____

Emergency Contact _____ Phone _____

Child's Physician _____ Phone _____

Medication _____

THE NURSE WILL NOT BE ON THE FIELD TRIP.

If your child requires medication while on the field trip, please complete the following:

1. Will you be accompanying your student on the field trip? Yes No
2. Can the medication be delayed until the student's return to the campus? Yes No
3. If not, do you give permission for your child's medication to be given by the designated staff member? Yes No

Please give _____ the following medication:

_____ _____ _____ at _____.

Name of medication Dose # of pills Time

_____ _____

Signature of Parent or Guardian Date

Please contact the school nurse if you have any questions or concerns