

# Narragansett High School Field Trip Permission Form

NAME: \_\_\_\_\_

DATE OF FIELD TRIP: \_\_\_\_\_

TEACHER: \_\_\_\_\_

CLASS: \_\_\_\_\_

I, \_\_\_\_\_, fully understand that, by partaking in said field trip,  
*(Student's Name)*

I am responsible for any and all work/assignments that I will miss in my absence. I agree to notify my teachers of my intent and to request their signature of consent. I also understand that a teacher whose class I will miss has the right to object to my participation and may decline in signing below. In this event, a meeting could be held between myself and the teachers involved.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<u>Day Classes (Write in "A" or "B" Day)</u>	(check one) Approve	(check one) Reject	<i>Teacher Signature</i>
<u>Period 1</u> (7:30-8:46)			
<u>Period 2</u> (8:49-9:30) Advisory/TASC Advisory: M, F ....TASC: T, W, Th			
<u>Period 3</u> (9:33-10:49)			
<u>Period 4</u> (10:52-12:33)			
<u>Period 5</u> (12:36-1:52)			
<b>Seniors Only</b>			<i>Graduation by Proficiency Coordinator Signature</i>
Senior Project			
Graduation Portfolio			

**To the parent/guardian:**

Please refrain from signing this permission slip until your child has received all necessary signatures from the teachers of the classes which he/she will miss on the day of this field trip. Also, please understand that according to the Narragansett School System's policy on field trips, "the teacher in charge may deny a student the right to participate in a scheduled field trip based upon his/her record of disciplinary behavior".

By signing below, you accept the terms of this form and give permission to this child to attend the aforementioned field trip with full understanding that all teachers must approve this child's absence for the child to attend.

- Does your child have any medical issues school staff on the field trip should be aware of?  
 Yes\*\*     No    \*\*If yes, please explain: \_\_\_\_\_
- Will your child need to take any over-the-counter or prescription medication while on the field trip?  
 Yes\*\*     No    \*\*If yes, Please complete reverse side.

\_\_\_\_\_  
 Parent Name (Print Please)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Best Contact Phone Number

**PERMISSION TO SELF-CARRY AND SELF-ADMINISTER MEDICATION ON A FIELD TRIP**

My child, \_\_\_\_\_ has permission to self-carry and self-administer his/her medication(s) on a field trip to: \_\_\_\_\_

(Location of Field Trip)

on \_\_\_\_\_. The following information is required for the safety of all students as well as  
Date of Field Trip)

to assure compliance with *RI Rules & Regulations for School Health Programs (R16-21-SCHO)*.

- Please include information below for each medication taken on the field trip (Prescription and over-the-counter). Attach another sheet of paper if necessary.

Name of Medication(s): \_\_\_\_\_ Dose: \_\_\_\_\_ When taken: \_\_\_\_\_

# of tablets taking: \_\_\_\_\_ Prescribing Physician Name & Phone #: \_\_\_\_\_

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# of tablets taking: \_\_\_\_\_ Prescribing Physician Name & Phone #: \_\_\_\_\_

**ALL** of the following must be met prior to the field trip:

- **For Prescription Medications:** I have provided the school nurse with a written order from my child’s licensed health care provider stating my child may self-carry and self-administer this medication while on a field trip or school-sponsored event. (If the nurse does not already have a current medication authorization for your child, this information may be faxed to the school at 401-792-9410 by the health care provider).
- **For ALL Medications (Prescription and OTC):**
  - I will send **ONLY** the amount of medication that will be needed for the duration of the field trip in an original labeled (or pharmacy labeled blister pack) with my child.
  - I understand that **NO** teacher, teaching assistant, or parent chaperone will assume responsibility for administering medication to my child.
  - I have discussed with my child that he/she is prohibited from sharing, transferring or otherwise diverting his/her medication to any other person.

Please call the school nurse, Mrs. Adams, RN, at 792-9400 if you have any questions or concerns.  
Thank you!

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_