



AVON GROVE CHARTER SCHOOL
110 East State Road
West Grove, PA 19390
484-667-5000 (voice)
610-869-5892 (fax)

**FIELD TRIP PERMISSION FORM
PARENT/GUARDIAN'S HOLD HARMLESS AND
ACKNOWLEDGEMENT OF RISK AGREEMENT**

Both sides of this form must be completed in their entirety. If this form is not completed and returned to the school, the student will not be permitted to attend the trip.

Name: _____ Grade: _____

Teacher: Mrs. Lindenbaum

Date(s): October 30, 2019

By: 7th and 8th grade Students

To: New Amsterdam Theater, 214 West 42nd St. NY, NY

From: Lowe's, Avondale 561 Hepburn Rd, Avondale, PA 19311

Purpose: Students will have the opportunity to experience the theater and the city of New York.

Cost: \$120 (Checks payable to AGCS) Ck # _____

Payment and permission slip are due on September 6, 2019.

I give my permission for my son/daughter, _____, to go on the above field trip.

Signature of Parent/Guardian _____ Date _____

THIS FORM HAS TWO SIDES – PLEASE COMPLETE BOTH SIDES



**FIELD TRIP MEDICAL INFORMATION &
FIELD TRIP MEDICATION ADMINISTRATION FORM**

Avon Grove Charter School will do its best to provide all medically-required nursing services that would otherwise prevent field trip attendance to students with an active 504 plan or IEP who currently receive daily medication. A school nurse will not accompany students on field trips for the purpose of dispensing generic medications. The only medications a student may self-carry and self-administer are an asthma rescue inhaler and/or an epinephrine auto-injector. If a student will require any of the above medications on any school outing, the parent/guardian must confer with the school nurse in advance of the trip regarding the student's need for and ability to administer said medication. Any medication must be in its original container. Options for families of students requiring medications not medically necessary for trip attendance include the student taking his or her medication at an adjusted time, before or after the field trip, skipping the dose, or having a parent accompany the student on the trip and administering any medications.

When a parent/guardian is unable to accompany his or her student to aid in medication dispensing, the parent may designate a responsible adult to accompany the student with the following restrictions:

- The parent must provide the supplies and training if the parent delegates treatment or medication administration to a responsible adult. The school nurse may not provide training, supplies, or medications, and must not be involved in the delegation process.
- The parent may not delegate responsibility for administering treatments or medications to any school staff member, school-designated trip chaperone, or secondary student.

IN CASE OF ILLNESS OR ACCIDENT NOTIFY:

1. Name and relationship _____ Phone # _____
2. Name and relationship _____ Phone # _____

ACCIDENT INSURANCE:

Name of Insurance Co. _____ Policy No. _____

Allergies _____

Medical Conditions _____

I give permission, at no expense to AGCS or its personnel, to take my child or to transport by ambulance, to the nearest available doctor or hospital in case of a medical emergency while on the above-named trip.

Signature of Parent/Guardian _____ Date _____

THIS FORM HAS TWO SIDES – PLEASE COMPLETE BOTH SIDES