

**MONONGALIA COUNTY SCHOOLS**  
**Student Activity/Field Trip Permission Form Elementary School**  
 School: \_\_\_\_\_

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In connection with your child's regular curriculum or school activity, educational field trips outside the regular classroom will be scheduled throughout the school year. In order for your child to participate on such trips, parent/guardian permission is needed. **Please complete and return this form.** All field trips will be announced in advance and supervised.

I give permission for \_\_\_\_\_ to participate in all educational field trips during the school year. I will notify the school in writing at 5 days prior to the trip if there is a particular trip in which I do not want my child to participate.

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

**Media Release**

Many of our special events and activities are often publicized via radio, TV, and/or the local newspaper. Your child may be photographed or interviewed in connection with these events. Please notify us in writing if you do not wish to have your child included in these types of media releases.

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I the parent/guardian of \_\_\_\_\_ understand if any of the health information changes during the school year it is my responsibility to notify my child's teacher and the School Nurse.

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

**Health Information**

Please list any health concerns the teacher/sponsor should be aware of during the field trip:

\_\_\_\_\_

My child receives Daily Medications at school  Yes  No

My child has Emergency Medications at school  Yes  No  
 (Examples: Inhaler, Epi Pen, Glucagon, Diastat or other seizure medications)

List medication: \_\_\_\_\_

My child has a note from their MD on file at school that allows them to self-administer and carry their Emergency Medications  Yes  No

(If any part of the Health Information is filled out or answered YES Teacher /Sponsor is responsible for informing the School Nurse 2 week prior to Field Trip or Activity)

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_