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FIELD TRIP PERMISSION FORM – MIDDLE SCHOOL & HIGH SCHOOL

I hereby give consent for my child, _____to
participate in the annual Piscataway Rotary Club "Job Shadow Day" on Tuesday, March 1, 2016, to
_____, which departs Piscataway High School at approximately 8:30am,
and returns at approximately 1:30pm. **Please note that Piscataway Rotarians will be providing
transportation in their private vehicles for students to/from the career location signed up for.**

MEDICAL CONCERNS - PLEASE READ CAREFULLY

List any Allergies or Medical Conditions your child has:

_____

A nurse will / will not be accompanying this field trip. Other medical personnel may not be
immediately available should there be an emergency. Please, take this into consideration as you complete
this permission form.

_____My child does **not** need to take medication while on this trip.

_____My child is to take his/her regularly prescribed medication while on this trip. When a nurse
is not in attendance, the taking of medication may be supervised by non-medical personnel.

_____My child is allowed to carry and to use if necessary his/her inhaler while on this trip.

My Child has a EpiPen:

_____My child is allowed to carry and to use if necessary his/her EpiPen while on this trip.

_____I understand that the nurse or an EpiPen delegate will/will not accompany this trip.

My child has diabetes:

_____I understand that the nurse or a Glucagon delegate will/will not accompany this trip.

_____Because of the medical status of my child, I wish to accompany him/her on this trip.

The Nurse must have the Medication - Healthcare Provider Request, Medication – Parent Request, and
Individual Healthcare Plan (if applicable) in order for a student to bring medication on the trip.

On this Day, My **Emergency Phone/Cell Number**_____

_____   _____
Signature of Parent/Guardian   Date   3/12