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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 Wednesday, April 01, 2015,  
to \_\_\_\_\_, which departs Piscataway High School at approximately  
8:30am, and returns at approximately 1:30pm.

**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