

# WEST CHESTER AREA SCHOOL DISTRICT

ADMINISTRATIVE GUIDELINE  
APPROVED: August 1, 2015  
REVISED:

## 121AG2 PERMISSION FORM

Parent/Guardian:

The school authorities encourage educational trips under suitable conditions as part of class work. We are glad to have your child go with the group on the trip named below:

1. Place (Itinerary):

2. Date:	Starting hour:	am	pm
	Est. Return hour:	am	pm

3. Teacher(s) in Charge:

4. Transportation:

5. Cost to Pupil:

6. Name of Pupil:

7. Building:

8. Special Instructions from School:

9. If your child has medical considerations or medical needs, please list here and attach the completed Field Trip Medical Information/Field Trip Medication Administration Form – 121AG6.

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**Important:** All arrangements for any medication that will be necessary on a field trip must be made with the nurse before the day of the trip.

Parent/Guardian Signature: \_\_\_\_\_

Address:

Phone:

Email:

I am willing to serve as a chaperone on this field trip.

# WEST CHESTER AREA SCHOOL DISTRICT

No. 121AG6

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

## 121AG6 FIELD TRIP MEDICAL INFORMATION FORM

(Please complete pages 1 & 2 and return to the student's teacher with the Permission Form 121AG2)

Name of Field Trip: \_\_\_\_\_ Location of Trip: \_\_\_\_\_

Student Name: \_\_\_\_\_ Building: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

### IN CASE OF ILLNESS OR ACCIDENT NOTIFY:

#### PARENT/GUARDIAN

Relation	Name	Employer	Work Phone #	Cell Phone #	Home Phone #
Father <input type="checkbox"/>	_____	_____	_____	_____	_____
Step <input type="checkbox"/>	_____	_____	_____	_____	_____
Mother <input type="checkbox"/>	_____	_____	_____	_____	_____
Step <input type="checkbox"/>	_____	_____	_____	_____	_____
Guardian <input type="checkbox"/>	_____	_____	_____	_____	_____

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

#### ACCIDENT INSURANCE

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**\*\*PLEASE PROCEED TO PAGE 2\*\***

REVIEW IMPORTANT INFORMATION REGARDING MEDICATIONS AND THEIR ADMINISTRATION  
AND PROVIDE ADDITIONAL SIGNATURES

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

PARENT/GUARDIAN signature: \_\_\_\_\_ Date: \_\_\_\_\_



# WEST CHESTER AREA SCHOOL DISTRICT

No. 121AG7

ADMINISTRATIVE GUIDELINE  
APPROVED: August 1, 2015  
REVISED:

## 121AG7 FIELD TRIP PARENT DELEGATION OF MEDICAL AUTHORITY (GRADES 6-12 ONLY)

*(Please complete and return to the student's teacher)*

Name of Field Trip: \_\_\_\_\_ Date of Trip: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Building: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_  
Name of Parent/Guardian (please print): \_\_\_\_\_

I am the parent/guardian of the above named student. (Date of birth must be completed above).  
My child is diagnosed with \_\_\_\_\_ and is under the  
treatment of \_\_\_\_\_ M.D. who has prescribed \_\_\_\_\_.  
My child is responsible for self-administering. My child is of sufficient competence and maturity  
to understand and to implement this regimen as prescribed per the West Chester Area School  
District's medication policy (121AG6).

I hereby delegate to the West Chester Area School District and its designated employees and  
agents my authority as parent and legal guardian of my child to authorize the self-administration  
of his treatment regimen during the school-sponsored trip as listed on the date above. I  
understand and accept that a school nurse will not be present at any time during this activity and  
the teacher in charge will be responsible for the medication before and after my child self-  
administers it.

\_\_\_\_\_  
PARENT/GUARDIAN signature & phone number

\_\_\_\_\_  
Date

# WEST CHESTER AREA SCHOOL DISTRICT

No. 121AG2

ADMINISTRATIVE GUIDELINE  
APPROVED: August 1, 2015  
REVISED: 3/25/2024

## FORMULARIO DE PERMISO No. 121AG2

Padres y tutores:

Nuestra clase irá de excursión. El objetivo educativo de este viaje es:

Si tiene preguntas, escríbame al \_\_\_\_\_ o llame a la escuela.

1. Lugar (itinerario) \_\_\_\_\_
2. Fecha: \_\_\_\_\_ Salida: \_\_\_\_\_ am/pm  
Hora estimada de regreso: \_\_\_\_\_ am/pm
3. Maestro(s) encargado(s): \_\_\_\_\_
4. Transporte: \_\_\_\_\_
5. Costo al estudiante: \_\_\_\_\_
6. Nombre del estudiante: \_\_\_\_\_
7. Escuela: \_\_\_\_\_
8. Instrucciones especiales para la escuela: \_\_\_\_\_

El estudiante mencionado tiene permiso para participar en el viaje listado más arriba. Entiendo que todos los reglamentos de la Mesa Directiva de WCASD y las pautas administrativas, incluyendo El Código de Conducta Estudiantil, son aplicables en todos los viajes.

Mi hijo(a) tiene necesidades médicas o enfermedades o requiere medicación esencial durante el viaje.

Si. Si así es, lístelas aquí y adjunte el Formulario 121AG6 Información médica para viajes y el Formulario de Administración de medicamentos.

No

Doy permiso, sin gasto para el Distrito Escolar del Área de West Chester, o para sus empleados o contratistas, para que se lleve a mi hijo(a), o, para su traslado en ambulancia, al doctor, hospital u otra institución médica más cercanos y disponibles y obtener tratamiento médico en el evento de una emergencia médica durante el viaje anteriormente mencionado.

Firma de los padres o tutores: \_\_\_\_\_

Domicilio: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Correo electrónico: \_\_\_\_\_

Estoy dispuesto(a) a servir de acompañante en este viaje.