

**CENTRAL BUCKS SCHOOL DISTRICT**

**PERMISSION SLIP FOR OVERNIGHT TEAM TRIP**

Departing School \_\_\_\_\_ Date \_\_\_\_\_

Swimmer's Name \_\_\_\_\_ has my permission

to go to \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(destination) (date) (date)

for \_\_\_\_\_. I understand that transportation will be by \_\_\_\_\_  
(name of meet) (bus, train, etc.)

with \_\_\_\_\_  
(CBST Coach)

**Additional Information**

Please note any special health conditions, allergies, illnesses, etc.

\_\_\_\_\_

In case of emergency during the event, I can be reached at

\_\_\_\_\_ (location) (phone)

**A NURSE WILL NOT BE AVAILABLE TO ADMINISTER MEDICATIONS ON FIELD TRIPS. PARENTS MUST PACKAGE MEDICATIONS INCLUDING EPIPENS AND INHALERS AT HOME AND DELIVER IT TO THE COACH IN A SEALED ENVELOPE.** MEDICATIONS THAT MUST BE DELIVERED IN PERSON NEED TO BE GIVEN DIRECTLY TO YOUR CHILD'S COACH BY A PARENT. ON THE ENVELOPE PLEASE INDICATE YOUR CHILD'S NAME AND THE TIME THE MEDICATION NEEDS TO BE GIVEN. THE CHILD WILL BE REQUIRED TO SELF ADMINISTER THE MEDICATION UNDER THE SUPERVISION OF THE COACH.

IN THE CASE OF EXTREME EMERGENCY, WHEN THE PARENT CANNOT BE CONTACTED, I GIVE CBST STAFF PERMISSION TO CALL A PHYSICIAN TO TAKE WHATEVER ACTION DEEMED NECESSARY.

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