

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 HIS/HER 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 _____