# School-Related Student Trip Permission Slips and Medical Release Form

**Student’s Name**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

**School**

**Grade**

**Homeroom/Sponsor/Coach**

- **District Approved Athletics/Program**
- **Field Trip Date(s)**
- **Destination**
- **Alternate Destination, if applicable**
- **Is field trip**
  - ☐ Overnight In-State Trip
  - ☐ Out-of State Trip
- **Mode of Transportation**
- **Cost to Student, if applicable $**

### Health and Medical Information

- **List Student’s Allergies:**
- **Food Modification on file with School Nutrition**
- **List Student’s Health Conditions:**
- **IHP on file in health unit**

**List all medications (prescription and over the counter--OTC) that student takes at home and during the school day. Include as-needed and emergency medications.**

<table>
<thead>
<tr>
<th><em>Medication Name (on label or box)</em></th>
<th>Dose Ordered</th>
<th>Time(s) Ordered</th>
<th>Taken @ School</th>
<th>Taken @ Home</th>
<th><strong>Written Authorization to Carry and Self-Administer?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Add additional information on the back of form if necessary)</em></td>
<td></td>
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</tbody>
</table>

*All medications must be in the original container. Medications not authorized for student to carry and administer must be given to the staff member designated to provide health services or the supervising teacher/sponsor/coach for proper storage.*

**For student to carry and self-administer: Prescription meds must have written authorization of prescribing healthcare provider and OTC medications must have written approval of parent/guardian.**

### Out of Town/OVERNIGHT/Out of State Field Trips Only

**Student’s Healthcare Provider:**

**Telephone:**

**Student’s Health Coverage:**

*(A copy of the student’s health coverage/insurance may be attached if preferred.)*

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s). All health information provided by me to the school for this field trip is correct and accurate to the best of my knowledge. I authorize trained school personnel to assist my child with his/her medication as my child’s healthcare provider or I have directed if needed. In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to have my child transported by EMS to the nearest hospital and authorize treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

**Parent/Guardian’s Signature**

**Date**

Please return this form to your child’s teacher/coach/sponsor.
STUDENTS

09.36 AP.211
(CONTINUED)

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STUDENT DRIVER

THE STUDENT DRIVING A VEHICLE AND THE PARENT/GUARDIAN OF THE STUDENT DRIVING A VEHICLE MUST COMPLETE THIS FORM.

STUDENT DRIVER: ____________________________________________
PURPOSE: ____________________________________________________ (i.e., journalism, MSU, yearbook, co-op)
DATE(S) OF TRIP(S) ________ DEPARTURE TIME ________ RETURN TIME ________
DESTINATION __________________________________________________

NAMES OF PRINCIPAL-DESIGNATED SPONSORS

PARENT/GUARDIAN SCHOOL-RELATED TRAVEL PERMISSION

I agree that my child, _____________________________, may leave school in an automobile on __________, 20____, at ________________ o’clock for the following purposes:
(Date or Dates)
______________________________________________________________________________
______________________________________________________________________________

My child: □ Shall return to school immediately following the assignment, or
(Check one:) □ Is not required to return to school immediately following the assignment because ____________________________

I understand that in the event an accident occurs, the automobile and/or my insurance company will have primary responsibility.

I agree to permit a student, to ride in my vehicle and/or my child’s vehicle, driven by my child and covered by my insurance and/or my child’s insurance, and I assume primary responsibility for the insurance coverage. I understand that the insurance covering the vehicle will serve to cover my child and the passenger in the event of injury.

I agree to permit the following student(s) to ride in my vehicle and/or my child’s vehicle:
______________________________________________________________________________

I hereby agree to hold the Montgomery County Schools and the Montgomery County Board of Education and any and all of their agents and employees harmless from any and all liability, damages, expenses, or financial obligations arising out of any school related student trips.

PRINCIPAL/DESIGNEE AUTHORIZATION

Approved By _____________________________________________, Principal/Designee
Driver Approved By __________________________________________, Sponsor
Passenger Approved By __________________________________________

____________________________ __________________________
Student Signature Parent/Guardian Signature

**If there is a change in driver, passenger or destination, a new form must be completed.**
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STUDENT PASSENGER

THE STUDENT RIDING AS A PASSENGER IN A VEHICLE DRIVEN BY ANOTHER STUDENT AND THE PARENT/GUARDIAN OF THE STUDENT RIDING AS A PASSENGER IN A VEHICLE DRIVEN BY ANOTHER STUDENT MUST COMPLETE THIS FORM.

STUDENT PASSENGER: ____________________________________________

PURPOSE: __________________________________ (i.e., journalism, MSU, yearbook, co-op)

DATE(S) OF TRIP(S) __________ DEPARTURE TIME ______ RETURN TIME ______

DESTINATION ______________________________________________________

NAMES OF PRINCIPAL-DESIGNATED SPONSORS ____________________________________________

PARENT/GUARDIAN SCHOOL-RELATED TRAVEL PERMISSION

I agree that my child, _____________________________, may leave school in an automobile on ____________________, 20____, at ________________ o’clock for the following purposes:

(Date or Dates)

______________________________________________________________________________

______________________________________________________________________________

My child: ☐ Shall return to school immediately following the assignment, or

(Check one:) ☐ Is not required to return to school immediately following the assignment because ____________________________________________________________

I give permission for my child, ____________________________, to ride in a vehicle driven by __________________________. I understand in the event of an accident, the policy covering the vehicle will cover my child.

I hereby agree to hold the Montgomery County Schools and the Montgomery County Board of Education and any and all of their agents and employees harmless from any and all liability, damages, expenses, or financial obligations arising out of any school related student trips.

PRINCIPAL/DESIGNEE AUTHORIZATION

Approved By __________________________________________________, Principal/Designee

Driver Approved By __________________________________________________, Sponsor

Passenger Approved By ____________________________________________

Student Signature ____________________________________________ Parent/Guardian Signature ____________________________________________

**If there is a change in driver, passenger or destination, a new form must be completed.**

Review/Revised: 7/21/11