

Lake Havasu Unified School District #1  
2200 Havasupai Blvd, LHC AZ. 86403

**SCHOOL EXCURSION PERMIT FORM**

Dear Parent:

The teachers and school officials feel that the students can profit greatly by planned and supervised field trips, excursions, and athletic events. However, we will not take the students without your knowledge and consent.

For authorization, please sign this **permission slip** and have it returned to the teacher no later than (date) \_\_\_\_\_.

_____		_____	
(Student's Name)		(Teacher's Name)	
_____	_____	_____	
School	Date	(Location/Description of Field Trip)	
Expected time and date of departure: _____			
Expected time and date of return: _____			
_____		_____	
(Parent's/Guardian's Signature)		Date	

In consideration of being allowed to participate in the field/activity trip, the undersigned agrees to release and hold harmless LHUSD #1 and its employees or agents from any and all claims, liabilities or demands whatsoever arising or claimed to have arisen out of the student's participation in this field trip. It is specifically noted that students are solely responsible for all personal items they choose to bring in field/activity trips and any loss or damage should be reported to the family's homeowner's insurance company.

-----  
**EMERGENCY CARE CONSENT:**

In the event I cannot be reached in an emergency, I, parent or guardian of \_\_\_\_\_  
(Student Name)

do hereby give permission and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to the above-named student as, in the judgment of said doctor or hospital, is reasonable and necessary should the above-named student be injured or stricken ill while on this field trip. I further agree to assume full financial responsibility for the medical care administered.

PRINT Name \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature) Date

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Check here if you would be willing to chaperone.

Lake Havasu Unified School District #1  
2200 Havasupai Blvd, LHC, AZ. 86403

**SPECIAL HEALTH ACCOMMODATIONS - MEDICAL RELEASE FORM**

Field Trips and Excursions require a medical release from parents. This information would be appreciated for all off-campus trips in the event of an emergency or to provide care for daily treatments for special health conditions.

Special health conditions or allergies: \_\_\_\_\_

Please  $\surd$  one box and **SIGN and date below.**

My student will **NOT** need medication or special accommodations for this trip.

My student **WILL** need medication or special accommodations for this trip. (Fill out the following information)

My student takes the following medication: \_\_\_\_\_

At this time of day: \_\_\_\_\_

Prescription medication is to be provided in the container prepared by the pharmacy and over-the-counter medication must be in the original packaging. Both should be presented to the school health office in advance and **parent consent forms** must be on file. Medication is to be given by principal's designee.

**X**

PARENT'S SIGNATURE

DATE

**TEACHER INSTRUCTIONS FOR MEDICATION ADMINISTRATION TO STUDENTS ON FIELD TRIPS**

\_\_\_\_\_ is to receive his/her medication according to the instructions on the original pharmacy labeled bottle.

The medication will be kept in a secure area by the principal's designee. Only the principal's designee may administer the medication.

Wash hands before and after giving the medication.

Review the 5 "R's" three times to ensure the student is taking the correct medication. The five "R's" include the right name, right medication, right dose, right time and right route. The five "R's" must be reviewed when removing the medication from the secure area, before removing the proper dosage, and before returning the medication to the secure area.

Give the student the authorized medication without touching the pills, and observe the student for possible side effects following administration.

Document all medications given on the Medication/Treatment Log upon returning the medication to health office personnel.

In the event of an adverse reaction or side effect, the following procedure should take place:

1. Call 911 if Life Threatening.
2. Notify parent and administrator, immediately.
3. Notify health office.
4. Document on medication log upon returning from field trip.