

Columbia-Montour AVTS  
5050 Sweppenheiser Dr.  
Bloomsburg, PA 17815

**STUDENT TRAVEL/FIELD TRIP PERMISSION AND RELEASE**

I, \_\_\_\_\_, hereby certify that I am the parent or Guardian of  
(Name of parent or guardian)

\_\_\_\_\_, (the "Student") a student at the Columbia-Montour Area  
(Name of student)

Vocational-Technical School (the "School") and I hereby give my permission for the student to participate in  
travel or a field trip sponsored by the School to: \_\_\_\_\_.

I hereby release the School from any liability, which may be asserted against the School on account of the  
Student's behavior, conduct or actions during such travel or field trip and agree to indemnify the School against  
any such liability, loss, damages, claims, or actions from bodily injury, and/or property damage arising out of  
participation of this trip. I agree that the School, its personnel and chaperones, are vested with the final  
discretion to assess punishment against the Student on account of Student's behavior, conduct or actions during  
such travel or field trip, including, but not limited to, the sending of Student home on bus, air or other  
transportation and I agree to be liable for all costs incurred by the School in regard to such discipline and  
transportation.

Date of trip: \_\_\_\_\_

Departure Time from School: \_\_\_\_\_

Return Date: \_\_\_\_\_

Estimated Time of Arrival at School: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date of signature

\*Signature denotes agreement to abide by rules (both parent and student.)

**FIELD TRIP EMERGENCY INFORMATION FORM**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Chaperone Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Medications \_\_\_\_\_

Last Tetanus \_\_\_\_\_

Known Medical Conditions and/or Allergies \_\_\_\_\_

Are medications to be administered during the field trip? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, complete attached form and report to the nurse before returning this form to your teacher.*

Other contacts in case parent(s) are unavailable:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

**FIELD TRIP MEDICATION ADMINISTRATION RECORD**

Please complete this form if the student must take medication while on the field trip.

**STUDENT'S NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **VOCATIONAL PROGRAM:** \_\_\_\_\_

**A nurse will administer the student's medication while on a field trip. All medications must be in the original container/prescription bottle and labeled with the child's name:**

Name of Medication: \_\_\_\_\_

Diagnosis or reason for needing the medication: \_\_\_\_\_

Dosage to be administered: \_\_\_\_\_ Time to be administered: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Diagnosis or reason for needing the medication: \_\_\_\_\_

Dosage to be administered: \_\_\_\_\_ Time to be administered: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Diagnosis or reason for needing the medication: \_\_\_\_\_

Dosage to be administered: \_\_\_\_\_ Time to be administered: \_\_\_\_\_

---

**For school personnel use (Please initial by medication administration time AND sign name at bottom of this form):**

Name of Medicine: \_\_\_\_\_

Time Admin. w/ Initial      Time Admin. w/ Initial      Time Admin. w/ Initial      Time Admin. w/ Initial

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Time Admin. w/ Initial      Time Admin. w/ Initial      Time Admin. w/ Initial      Time Admin. w/ Initial

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Time Admin. w/ Initial      Time Admin. w/ Initial      Time Admin. w/ Initial      Time Admin. w/ Initial

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature and Initial of School Personnel: \_\_\_\_\_

Signature and Initial of School Personnel: \_\_\_\_\_

Signature and Initial of School Personnel: \_\_\_\_\_

**This form should be returned to the school nurse upon return from the field trip.**