

**MONONGALIA COUNTY SCHOOLS**  
**Student Activity/Field Trip Permission Form Extended Day or Overnight**  
**School: Morgantown High**

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Destination: \_\_\_\_\_

Departure Date and Time: \_\_\_\_\_

Return Date and Time: \_\_\_\_\_

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I parent/guardian of \_\_\_\_\_ give permission for my child to participate in this event. I understand if any of the health information changes prior to the field trip I it is my responsibility to notify my child's teacher and the School Nurse.

**Health information**

Please list any health concerns the teacher/sponsor should be aware of during this field trip:

\_\_\_\_\_

My child receives Daily Medications at School: \_\_\_\_\_ YES \_\_\_\_\_ NO

My child has Emergency Medications at School: \_\_\_\_\_ YES \_\_\_\_\_ NO  
(examples: inhaler, EpiPen, Glucagon, Diastat or  
Other seizure medications)

List Medications: \_\_\_\_\_

My child has a note from their MD on file at School that  
Allows them to self-administer and carry their Emergency Medications. \_\_\_\_\_ YES \_\_\_\_\_ NO

My child has "As Needed" medication at School that I would like to  
be sent of the trip. \_\_\_\_\_ YES \_\_\_\_\_ NO  
(Medication will only be sent if the completed MCS Medication Form is on file with the School Nurse and there is a  
medication at School to send 2 weeks prior to the field trip.)

My Child receives "Daily Medication" at home \_\_\_\_\_ YES \_\_\_\_\_ NO  
List medication: \_\_\_\_\_

My Child will need to be administered "Daily Home Medication" while  
on field trip \_\_\_\_\_ YES \_\_\_\_\_ NO

My child may need to have as needed medication or emergency  
Medication that he does not have at School of field trip \_\_\_\_\_ YES \_\_\_\_\_ NO  
**(Parent must provide a MCS Medication Form filled out by Physician and Parent for the medication to be given on  
the trip. Medication must be in the original bottle with correct dosing label. Medication and MCS Medication  
Form must be given to the School Nurse 2 weeks prior to field trip.)**

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**(If any part of the Health Information is filled out or answered YES Teacher /Sponsor Is responsible for  
informing the School Nurse 2 week prior to Field Trip or Activity).**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_