



Dear Parents and Guardians,

East Coventry 3rd grade will be going to Omega Design Corporation on February 12th. (Snow Date February 25th) The field trip coincides with the Force and Motion Unit that we completed in science class.

Omega Design Corporation is a global provider of innovative packaging solutions. Since 1969, Omega has specialized in the design, manufacture, service, and support of a broad range of container handling and packaging equipment systems.

There will be three different demonstrations during our field trip:

- 1) We will see a connection between simple machines and automated machinery.
- 2) We will see how packaging machines work.
- 3) We will see how these machines are made.

On the day of the field trip:

- 1) Omega Designs will be providing lunch. They have been provided with the special dietary needs of our students. If you feel more comfortable sending your student with a bagged lunch, please do so.
- 2) Close toe shoes must be worn.
- 3) Do not wear baggy clothing.
- 4) Do not wear necklaces or hanging jewelry.

There will be 4 chaperones permitted per class. The cost for the trip will be \$4 this includes transportation. Please send cash or a check in the amount of \$4.00 (the fee is non-refundable) made out to the Owen J. Roberts School District. Please have the money in no later than February 3rd.

Thank you,
The East Coventry 3rd Grade Team

T.O. 20

OWEN J. ROBERTS SCHOOL DISTRICT

SECTION: PROGRAMS

TITLE: FIELD TRIP AND
MEDICAL
AUTHORIZATION
CONSENT FORM

ADOPTED: 7/26/04

REVISED: 6/9/14

Medical Authorization Consent Form for Field Trips

Student's Name (Please Print, Last Name First)	Date of Birth	Grade/Teacher
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As parent(s)/guardian(s) of the above student, permission is granted for this student to attend the Owen J. Roberts field trip to _____ taking place on _____. I/We am (are) aware that the Owen J. Roberts School District requires all participants on a field trip to supply the following information in case a medical emergency should arise during a field trip:

- 1) **INSURANCE.** Students **WILL NOT BE PERMITTED** to attend field trips without supplying current and accurate health insurance information.

Name of Insurance Carrier: _____

Policy Number: _____

- 2) **FAMILY PHYSICIAN**

Name: _____ Phone: _____

FAMILY DENTIST

Name: _____ Phone: _____

- 3) **FAMILY CONTACT.** On the date of this field trip, if any emergency should arise, please call:

Name: _____	Phone:	Home _____	Work _____	Cell _____
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Name: _____	Phone:	Home _____	Work _____	Cell _____
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- 4) **FOOD, INSECT, OR DRUG SENSITIVITIES.** The student is known to react unfavorably or is allergic to the following foods, insect, or drugs:

_____ **Requires use of Epinephrine YES NO**

- 5) OTHER HEALTH ISSUES: _____

- 6) My child requires the following:

a. **INHALER: YES NO**

b. **EPI-PEN: YES NO**

- 7) Please state the name of any prescription that the student will require on the trip and the reason for the prescription.

Prescription: _____ Reason: _____

Time: _____ Dose: _____

Parent/Guardian is responsible for assuring that ALL medication is supplied and is in compliance with the Owen J. Roberts School District Medication Policy #210.

IN ACCORDANCE WITH OWEN J. ROBERTS DISTRICT POLICY, STUDENTS MAY NOT CARRY MEDICATIONS, OTHER THAN PRE-AUTHORIZED INHALERS OR EPI-PENS. Please note, a nurse may NOT be present on the field trip.

MEDICAL AUTHORIZATION CONSENT:

In the event of an emergency, 911 will be called and your child will be transported to the nearest hospital. I/We hereby authorize any physician, hospital, or other health care provider to give emergency medical care and treatment to this student.

The undersigned have read this Medical Authorization Consent Form for Field Trips and declare and affirm that I/we consent to the contents herein stated.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Student Signature (only if student is over 18 years of age) Date



Chaperoning Form

If you are interested in chaperoning our field trip, please fill out this form and return to your child's teacher.

All chaperones must have their updated clearances on file in the office.

If you have any questions in regards to your clearances, please contact Mrs. Gunson at 610-469-5103, or LGunson@ojrsd.com.

Name of your Child: _____

Chaperone's Name: _____

Chaperone's Email: _____



OWEN J. ROBERTS SCHOOL DISTRICT
East Coventry Elementary School



Field Trip Chaperone Information

(to be completed by each chaperone)

Name: _____

Child's Name You Are Chaperoning: _____

Phone: _____ Cell: _____

Other Siblings at East Coventry:

After School Plans For Siblings:

Name & Phone Number Of Person To Contact In Case of Emergency:

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To Be Completed By the Teacher:

Field Trip Destination: _____

Date of Trip: _____

Teacher in Charge: _____

Time Leaving for Trip: _____

Estimated Time of Return: _____