

Dear Parents and Guardians,

East Coventry 3rd grade will be going on The Constitutional Guided Walking Tour of Philadelphia on May 27th.



We will be experiencing three different parts of our field trip:

- History Maker Tour: Meet some citizens of 18th & 19th century Philadelphia and hear their stories,
- Story Stroll: Hear riveting stories of American history even most adults have never heard at 11 charming Once Upon a Nation Storytelling Benches scattered around the Historic Philadelphia area,
- Liberty 360: Benjamin Franklin hosts an inspirational 3-D show unlike anything that has ever been seen before. The 15-minute experience surrounds the audience in the 360-degree state-of-the-art PECO Theater.

There will be 5 chaperones permitted per class. The cost for the trip will be \$13, this includes admission to the tours, the Liberty show and transportation. Please send cash or a check in the amount of \$13.00 made out to the Owen J. Roberts School District. Please have the money in by April 30th. If you have paid for the field trip and the day of you or your child are unable to attend the field trip, there will be no refunds issued.

Thank you,
The East Coventry 3rd Grade Team



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: _____

We will contact you if you were chosen to chaperone this trip! Thank you.

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

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Student's Name (Please Print, Last Name First) Date of Birth Grade/Teacher

As parent(s)/guardian(s) of the above student, permission is granted for this student to attend the Owen J. Roberts field trip to Historic Philadelphia taking place on 5/27/15. 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 _____

Name: _____ Phone: Home _____
Work _____
Cell _____

- 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