

**School District of Newberry County**  
**FIELD TRIP PERMISSION FORM**  
**2023-2024**

To be Completed by the Teacher:

Field Trip Destination Newberry County Career Center  
Date of Trip Wednesday, November 29<sup>th</sup>, 2023  
Departure Time (8:30 - 10:45 AM) OR (12:30 - 2:25 PM)  
Time Returning See Above  
Other Details of the Trip 9<sup>th</sup> Grade Career Exploration.

To Be Completed by Parent or Guardian and Returned to the School:

I, \_\_\_\_\_, hereby give my permission for my child,  
Name of parent/guardian \_\_\_\_\_

\_\_\_\_\_, to participate in the class field trip to  
Child's name \_\_\_\_\_

Newberry County Career Center on November 29<sup>th</sup>, 2023  
Destination \_\_\_\_\_ Date of Trip \_\_\_\_\_

**NOTICE:** It is the responsibility of the parent/guardian to notify the school nurse at least two weeks prior to the field trip, whether overnight or day, of any health changes/concerns/or medications needed on trip that is different from the information parent/guardian provided on the Registration Form at the beginning of the year. If medication is needed on a field trip for a day or overnight field trip other than medication already at school, the parent and/or guardian is responsible for completing a SDNC Medication Form, including Health Care Provider signature if needed, and bringing medication to the school nurse at least two weeks prior to the field trip. If help is needed completing the SDNC Medication Form, please contact the School Nurse. Failure to comply may result in medication not being administered on the trip. Unfortunately, field trip payments are non-refundable.

**Please check one of the following:**

\_\_\_\_ There have been **NO** health changes since completing the health information on the Registration Form at the beginning of the year.

\_\_\_\_ There have been health changes since completing health information on the Registration Form at the beginning of the year. I (parent/guardian) will contact the school nurse to update health information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of parent/guardian

Parent/Guardian Phone Number: \_\_\_\_\_