Holicong Permission Form	School Trip		
s Date			
Student Name			
My child's homeroom teach			
Please note any special heal "none"	th conditions, allerg	ies or illnesses (i	if not applicable please put
My Child will require medic ☐ Yes ☐ No	cation on this trip. I	f yes please see o	disclaimer below.
medications at home and de that must be delivered in pe On the envelope please indic	liver this package to rson need to be give cate your child's nar e required to self ad	the teacher in a n directly to you ne, teacher, and minister medica	trips. Parents must package a sealed envelope. Medications ur child's teacher by a parent. I the time the medication needs ation under the supervision of the tion process for field trips.
In case of em	the Please co	ontact: name, r	elationship & telephone number
Enter Full Name:		Date Signed:	