



PAWNEE COMMUNITY UNIT SCHOOL DISTRICT #11

810 North Fourth Street, Pawnee, Illinois 62558 Phone: 217-625-2471

Molly Edmonds

Superintendent

medmonds@pawneeschools.org

Nicole Goodall

Jr. High/High School Principal

ngoodall@pawneeschools.org

W. Christopher Hennemann

Grade School Principal

chennemann@pawneeschools.org

Steve Kirby

Athletic Director

skirby@pawneeschools.org

FIELD TRIP PERMISSION SLIP

I give permission for _____ to
Student's Name

attend the field trip to (place or location)
with the (class) on (Day and Date). I understand that there will be a cost for my
student for entry into the game. I also understand that my student is responsible
for buying their own food and refreshments.

Signature of Parent/Guardian Date Signed

In case of emergency, I can be reached at _____.
Phone Number

In case of a medical emergency involving my child, in the event I cannot be
reached, I grant the Pawnee School District employee in charge of this field trip,
the right to make a medical decision for my child.

Signature of Parent/Guardian Date Signed

MEDICATION ON FIELD TRIPS

Medications are not sent on field trips unless a specific written request (school form) is made by
the parent and presented to the school 24 hours prior to the field trip. The parent must send the
medication to school on the morning of the field trip and the teacher will keep it in a safe and
secure place while on the field trip until such time as the child requires the medication. The
medication will be given to the child to self-administer. The medication must be in the original
bottle from the pharmacy along with a note stating your request for your child to take the
medication at the given time.