



# PAWNEE COMMUNITY UNIT SCHOOL DISTRICT #11

810 North Fourth Street, Pawnee, Illinois 62558

**Scott Cameron**

Superintendent

Phone: 217-625-2471

**Timothy R. Kratochvil**

Jr. High/High School Principal

Phone: 217-625-2471

**W. Christopher Hennemann**

Grade School Principal

Phone: 217-625-2231

**Steven L. Kirby**

Athletic Director

Phone: 217-625-2471

## 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.