



PAWNEE COMMUNITY UNIT SCHOOL DISTRICT #11

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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.