



# Peters Township School District

## OVERNIGHT EXTRA CURRICULAR TRIP AGREEMENT

Parents/guardians and players must agree to the following set of guidelines and understand that failure to follow these rules will result in a suspension and/or removal from the team/club. Parents/guardians will be responsible for immediate transportation home for any violations to the below rules.

1. All bags and personal items will be searched by the coaching staff/activity sponsors prior to departure from Peters Township High School.
2. Possession, use, and/or distribution of drugs, alcohol, or tobacco products (including juuls and e-cigarettes) are not permitted at any times.
3. Students not assigned to a room shall not be in another room without prior approval from coaches/sponsors.
4. Students are not permitted to leave the room once curfew for that night is set by coaches/sponsors.
5. All students must be on time for all meals, departures, practices, games, and events.

All parents/physicians will fill out the attached **“Peters Township School District Overnight Student Trip Medication Form”**, which states that medication will be kept by the coach/sponsor and sealed in the original pharmaceutical container. If the student is allowed to self-administer, they will do so while supervised by the coach/sponsor. *Please read the entire document thoroughly.*

Student name (print): \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name (print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Peters Township School District  
Overnight Student Trip  
Medication Form**

**Dear Parent/Guardian:**

Your child is participating in the **Girls Soccer Trip** in Erie, PA on **August 15-17, 2024**.

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If it is essential that your child receive prescription medication and/or an over-the-counter (OTC) medication during this trip, your physician must complete this document. In order for your child to self-administer prescription medicine during the trip, this completed form and medication must be returned by the parent to the sponsor/coach.

All prescription medication must be in the **ORIGINAL, PHARMACEUTICAL** container. OTC medications must be in their original container. NO medication will be accepted in any other containers or without THIS signed form. NO hand written notes will be accepted. **Only the amount of medication needed for the length of time the student will be away from school, should be sent.**

The sponsor/coach will keep all medication in a sealed container. When student needs to take the medication, he/she will self medicate under the supervision of the sponsor/coach.

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**LICENSED HEALTHCARE PROVIDER STATEMENT**

I am the licensed healthcare provider/physician for \_\_\_\_\_ and have  
Student

prescribed the following medication(s): \_\_\_\_\_

in the amount/dosage and time of administration as prescribed.

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- The child is qualified and able to self-administer the prescribe medication.
  - The child has demonstrated proper knowledge and responsibility for taking the medication as prescribed.
  - The following side effects may occur: \_\_\_\_\_
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**Physician/Licensed Healthcare Provider**

**Date**

**I give my consent for the medication prescribed by the physician to be self-administered by my child during the noted field trip. I release the Peters Township School District and its personnel from any liability associated with the administration of this medication. I understand and agree that any medical information may be shared with appropriate school and medical personnel.**

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**Parent/Guardian Signature**

**Date**