

PITTSFORD CENTRAL SCHOOL DISTRICT
Secondary Student Field Trip Permission Form

Student Name: _____ Date of Trip: _____

Teacher: _____ Course/Grade: _____

Destination: _____

Other Itinerary: _____

Transportation: _____

Other Information: _____

Departure Time/Date: _____ From: _____
(location)

Return Time/Time: _____ At: _____
(location)

This field trip will be chaperoned and transportation will be provided by District-approved vehicles. Students are expected to abide by the District Code of Conduct, school rules and all instructions from the chaperones while participating on this field trip and to obtain assignments from his/her teachers for the classes that will be missed.

My child has permission to attend the above-mentioned field trip and to abide by school rules. In the event of an emergency I give my permission for medical treatment.

Parent Signature _____
Date

I understand that all school rules are in effect for this trip and will abide by them.

Student Signature _____
Date

Please complete reverse side

Medical Information Form

Student Name: _____ Birth Date: _____

Special Health Concerns: (e.g. asthma, diabetes, etc) _____

Allergies (food, medication, latex, environmental, etc) _____

Physician Name: _____ Phone Number: _____

Insurance Carrier: _____ Ins. Number: _____
Optional *Optional*

Parent's Name: _____

Parent's Phone: _____ Cell: _____ Work: _____

Emergency Contact: Name _____ Phone _____

Please note: When a trip involves any ground or air transportation, family medical and vehicle insurances are utilized should any emergency situations occur that require medical attention for your child.