

**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/Date: \_\_\_\_\_ 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.