PITTSFORD CENTRAL SCHOOL DISTRICT

Student Overnight and Extended Field Trip
Permission Form – Grades 6-8

Student Name: _____Date of Trip: _____

Teacher: _____Course/Grade: _____

Destination: _____

Other Itinerary: _____

Transportation: _____

Other Information: _____

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

Return Date/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. In the event of an emergency I give my permission for medical treatment. When a trip involves ground or air transportation, I understand that family medical and vehicle insurances are utilized should any emergency situations occur that require medical attention for your child.

_____ _____
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 (optional): _____ Ins. Number: _____

Parent's Name: _____

Parent's Phone: _____Cell: _____Work: _____

Emergency Contact: Name_____ Phone _____

MEDICATION PROTOCOL FOR FIELD TRIPS – GRADES 6-8

Please complete this section if it is necessary for your son/daughter to take prescription and/or non-prescription medication on this field trip. Your child's physician must sign this completed medication form unless signed medication orders are already on file in the school nurse's office for **all** medications listed on the form. Students are not permitted to self-carry medications, neither prescription or non-prescription, on extended field trips except for an Epi-Pen, antihistamines, asthma inhalers, diabetic medication, motion sickness pills, lactose products, acetaminophen, ibuprofen and acne medications. All other medications will be kept with the school chaperone.

All prescription medication must be in a properly labeled pharmacy container. All non-prescription medication must be in the original bottle or packaging with the student's name on it.

MEDICATION NAME	DOSE	TIME(S) of ADMINISTRATION	SIDE EFFECTS	CAN SELF-CARRY and SELF-ADMINISTER

The student has been instructed and understands the purpose, appropriate method and frequency of use of the above medications and I give my permission to self-carry and self-administer the indicated medications, if allowed by PCSD Field Trip Guidelines.

Parent Signature: _____ Date: _____

Physician's Signature: _____ Date: _____