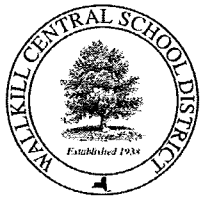


WCSD



Wallkill Central School District, 19 Main Street, PO Box 310, Wallkill, New York 12589
(845) 895-7101, Fax: (845) 895-3630

WALLKILL CENTRAL SCHOOL DISTRICT OVERNIGHT FIELD-TRIP EMERGENCY PERMISSION FORM

Student's Name _____ has my permission to go on an overnight field trip
with _____ to _____
on _____. Time Leaving: _____ Time Returning: _____

Signature of Parent/Guardian

Rules and Regulations for School Trips

My child and I are aware of the Student Code of Conduct as it appears in the Student Handbook and understand that the same rules and policies are in effect while students are on field trips. I further understand that **STUDENTS WHO BREAK ANY OF THESE RULES MAY BE SENT HOME AT THE EXPENSE OF THEIR PARENTS.**

Parents will be notified of their child's time of arrival at the airport, train, or bus terminal, and it is the parent's responsibility to arrange transportation from that point on. A report of the offense will be submitted to the school administration and Board of Education with the recommendation that it be placed in the student's permanent file. Further disciplinary action will also occur. Please remind your child that they are a representation of the Wallkill Central School District and that as such, they are expected to behave in an appropriate manner at all times. Please also make sure that your child is dressed appropriately for the destination of the trip and the weather.

In signing below, I give my child permission to attend the overnight field trip specified.

Student's Signature

Date

Parent's Signature

Date

Dear Parent/Guardian:

It is the policy at the Wallkill Central School District, in cases of an accident or emergency, to contact the parent/designee by phone before taking a student to a doctor/hospital. In the case of imminent emergency or when the parent/designee cannot be contacted, the following permission form will allow treatment to be secured for your child. Continued attempts to contact the parent/designee will of course be made until such time that they are reached.

EMERGENCY CONTACT INFORMATION

Student's Name _____ DOB: _____ Grade: _____

School _____ Home Phone _____

Address _____ Work Phone _____

_____ Cell Phone _____

Parent Emergency Contact #1 _____ Phone _____

Other Emergency Contact #2 _____ Phone _____

Family Physician _____ Phone _____

Insurance Carrier _____ Policy # _____