

**ORCHARD PARK CENTRAL SCHOOL DISTRICT
FIELD TRIP PERMISSION SLIP/MEDICAL INFORMATION**

STUDENT INFORMATION	
Name (last name, first name) _____	Grade _____
HmRm _____	Home Phone # _____

TRIP INFORMATION	
Destination _____	
Departure Date Su Mo Tu We Th Fr Sa Circle One	Return Date Su Mo Tu We Th Fr Sa Circle One
Time _____ AM/PM	Time _____ AM/PM

PARTICIPATING CLASS/CLUB
School: _____
Club/Class: _____
Chaperone(s): _____

Must be Turned in By: _____

PERMISSION AND MEDICAL STATEMENT
The above named student has my permission to attend and participate in this field trip as part of his/her school experience. Please check <u>ONE</u> of the boxes below:
<input type="checkbox"/> To the best of my knowledge, the child mentions above is free from any medical problems that could cause difficulty on this field trip.
<input type="checkbox"/> My child has a medical condition that might cause a problem on this field trip. In the event of an emergency, I hereby directed the advisor on this trip to handle the problem in accordance with my Directions (Describe the problem and any direction on page 2 of this form.)
_____ Signature Parent/Guardian

EMERGENCY CONTACT INFORMATION		
_____ <i>Primary Contact Name</i>	_____ <i>Phone Number</i>	_____ <i>Relationship to Student</i>
_____ <i>Secondary Contact Name</i>	_____ <i>Phone Number</i>	_____ <i>Relationship to Student</i>

FOR ELEMENTARY SCHOOL USE ONLY (Please copy this page and submit to Kitchen THREE days prior to trip) LUNCH REQUEST (2 sides will be provided with each lunch)			
_____ <i>Student Name</i>	_____ <i>Teacher Name</i>	_____ <i>Room #</i>	_____ <i>Grade</i>
_____ <i>Field Trip Name</i>	_____ <i>Date of Field Trip</i>		
<u>Choice of Lunch (Pick One)</u>		<u>Choice of Juice (Pick One)</u>	
<input type="checkbox"/> PB&J Sandwich	Check Box When Paid		<input type="checkbox"/> Fruit Punch
<input type="checkbox"/> Ham & Cheese Sandwich	<input type="checkbox"/> Free <input type="checkbox"/> Reduced	<input type="checkbox"/> Apple Juice	
<input type="checkbox"/> Turkey Sandwich	<input type="checkbox"/> Full Price		

(Continued)

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Medical Consent and Authorization of Medication in School and School Activities

To be completed by the parent/guardian:

I request that my child _____, child DOB _____, child grade _____, receive the medication as indicated below.

The medication is to be personally deliver by me (parent/guardian) in the original labeled pharmacy contain stating the specific name of the medication and dispensing order.

Parent/Guardian Home Phone

Parent/Guardian Cell Phone

Parent/Guardian Work Phone

MEDICATION NAME	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISISTRATIO N

Physician's Name: _____ Physician's Phone Number: _____

The following medical problems should be noted (please include allergies, respiratory ailments, or any other conditions that may impede your child's ability to participate in this trip.)

Parent/Guardian Signature

Parent/Guardian Name (Print)

Fill out the following for Overnight Field Trip ONLY.

Place: _____ Address: _____

Departure Date: _____ Return Date: _____ Transportation: _____

Teacher(s)/Advisor(s) in charge of Trip: _____

Adult Chaperones: _____

Student Medical Insurance Company/Coverage _____

Policy or ID number _____