

**Fillmore Central School  
Parental Authorization for Field Trips**

Your child has an opportunity to participate in a field trip to \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_  
from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM. Approximately \_\_\_\_\_  
students will be participating and they will be chaperoned by \_\_\_\_\_ of the school's staff.

In order for your child to participate, this form **MUST** be filled out completely and returned prior to the event. No student will be allowed to participate without a completed authorization form. All students will ride the bus to and from the event on the school provided transportation.

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To Contact in Case of an Emergency:

	Parent/Guardian	Parent/Guardian	Relative/Friend
Name:	_____	_____	_____
Home Phone:	_____	_____	_____
Work Phone:	_____	_____	_____
Family Doctor:	_____ Phone (____) _____		

Special medical conditions of your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of Consent:

I give \_\_\_\_\_ my permission to participate in this event.  
(student's name)

In doing so, I agree to the following:

- In case of a medical emergency, I grant the chaperones the right to authorize medical care, if none of the above persons can be reached.
- The school is not responsible for damage or loss of property personally owned by my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date