

FIELD TRIP PERMISSION FORM

_____ has my permission to participate in _____
(Student name)

On _____

I understand that transportation for this trip will be provided by either school bus or coach bus and the coach buses are not required to have seat belts.

In the event that medical attention is needed, I hereby give permission to North Salem Central School District or representative to have my child evaluated and treated as necessary at the closest available medical facility. I hereby accept the responsibility for the payment of any emergency transportation or treatment.

Age: _____ Grade: _____

Date: _____

(Parent's signature or Person Legally authorized to give consent)

Emergency Phone Numbers:

Home: _____ Mother's work # _____

Father's work # _____ Friend or Relative # _____

Cell phone of either or both parent's _____

Medical Information:

Last Tetanus _____

Please check below **IF** your child has a known sensitivity to:

_____ Bee sting _____ Nuts _____ other

Required Medication: _____

Please check below **IF** your child has:

_____ Asthma _____ Diabetes _____ other medical conditions

Required Medication: _____

If he/she requires medication, please be sure that the medication and the medication authorization form are on record in the Health Office.

Blue Cross/Blue Shield **OR** Insurance #: _____

Family Doctor's name: _____ Doctor's phone #: _____

Any additional information or comments: _____