

PITTSFORD CENTRAL SCHOOL DISTRICT
Elementary Student Field Trip Permission Form

Student Name: _____ Grade: _____

Parent Name: _____ Phone: _____

I give permission for my child to participate in all school-sponsored field trips for **2017-2018**. I understand that for trips needing transportation, District-approved school vehicles will be used. For each trip, the teacher will provide detailed information regarding itinerary dates and time.

In emergency situations, I give permission for medical treatment.

Physician's Name: _____ Phone Number: _____

Parent Emergency Phone Number: _____

Parent 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, etc) _____

Physician Name: _____ Phone Number: _____

Insurance Carrier: _____ Ins. Number: _____
Optional *Optional*

Parent's Name: _____

Parent's Phone: _____ Cell: _____ Work: _____

Emergency Contact: Name _____ Phone _____

Please note: When a trip involves ground or air transportation, family medical and vehicle insurances are utilized should any emergencies situations occur that require medical attention for your child.