

**PITTSFORD CENTRAL SCHOOL DISTRICT**  
**Student Overnight and Extended Field Trip**  
**Permission Form – Grades 9-12**

Student Name: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Teacher: \_\_\_\_\_ Course/Grade: \_\_\_\_\_

Destination: \_\_\_\_\_

Other Itinerary: \_\_\_\_\_

Transportation: \_\_\_\_\_

Other Information: \_\_\_\_\_

Departure Date/Time: \_\_\_\_\_ from: \_\_\_\_\_  
(location)

Return Date/Time: \_\_\_\_\_ at: \_\_\_\_\_  
(location)

This field trip will be chaperoned and transportation will be provided by District-approved vehicles. Students are expected to abide by the District Code of Conduct, school rules and all instructions from the chaperones while participating on this field trip, and to obtain assignments from teachers for the classes that will be missed.

My child has permission to attend the above-mentioned field trip. In the event of an emergency I give my permission for medical treatment. When a trip involves ground or air transportation, I understand that family medical and vehicle insurances are utilized should any emergency situations occur that require medical attention for your child.

\_\_\_\_\_  
*Parent Signature* \_\_\_\_\_  
*Date*

I understand that all school rules are in effect for this trip and will abide by them.

\_\_\_\_\_  
*Student 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, environmental, etc.)  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Carrier (optional): \_\_\_\_\_ Ins. Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICATION PROTOCOL FOR FIELD TRIPS – GRADES 9-12**

Please complete this section if it is necessary for your son/daughter to take prescription and/or non-prescription medication on this field trip. Your child's physician must sign this completed medication form unless signed medication orders are already on file in the school nurse's office for **all** medications listed on the form. Students are not permitted to self-carry medications, neither prescription or non-prescription, on extended field trips except for an Epi-Pen, antihistamines, asthma inhalers, diabetic medication, motion sickness pills, lactose products, acetaminophen, ibuprofen and acne medications. All other medications will be kept with the school chaperone.

All prescription medication must be in a properly labeled pharmacy container. All non-prescription medication must be in the original bottle or packaging with the student's name on it.

MEDICATION NAME	DOSE	TIME(S) of ADMINISTRATION	SIDE EFFECTS	CAN SELF-CARRY and SELF-ADMINISTER

**The student has been instructed and understands the purpose, appropriate method and frequency of use of the above medications and I give my permission to self-carry and self-administer the indicated medications, if allowed by PCSD Field Trip Guidelines.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_