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.

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<th>MEDICATION NAME</th>
<th>DOSE</th>
<th>TIME(S) of ADMINISTRATION</th>
<th>SIDE EFFECTS</th>
<th>CAN SELF-CARRY and SELF-ADMINISTER</th>
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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: __________________

Revised: 12/3/12, 07/17
Pittsford Central School District Regulations