

RETURN BY 11/10/16

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1 of 2

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

Student Name: \_\_\_\_\_ Date of Trip: 2/8/17 - 2/12/17

Teacher: MAGUDA / JORDAN Course/Grade: WIND ENSEMBLE  
CONCERT CHOIR

Destination: DISNEYWORLD ORLANDO, FL

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

Transportation: COMMERCIAL AIRLINE

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

Departure Time/Date: 2/8/17 From: GREATER ROCHESTER INTERNATIONAL AIRPORT  
(location)

Return Time/Time: 2/12/17 At: GREATER ROCHESTER INTERNATIONAL AIRPORT  
(location)

This field trip will be chaperoned and transportation will be provided by district-approved vehicles. Students are expected to abide by school rules while participating on this field trip and to obtain assignments from his/her teachers for the classes that will be missed.

My son/daughter has permission to attend the above-mentioned field trip and to abide by school rules. In the event of an emergency I give my permission for medical treatment.

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

\_\_\_\_\_  
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, 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 permitted to self-carry all medications on extended field trips **EXCEPT** for psychotropic medications, controlled substances, medications for ADHD and medications containing dextromethorphan (DMX) or stimulant decongestants. These 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. However, PCSD Field Trip Guidelines may not allow the student to self-carry all medications.

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

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

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

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