

PITTSFORD CENTRAL SCHOOL DISTRICT
Secondary Student Field Trip Permission Form

Student Name: _____ Date of Trip: _____

Teacher: _____ Course/Grade: _____

Destination: _____

Other Itinerary: _____

Transportation: _____

Other Information: _____

Departure Time/Date: _____ From: _____
(location)

Return Time/Time: _____ At: _____
(location)

This field trip will be chaperoned and transportation will be provided by district-approved vehicles. Students are expected to abide by school rules and all instructions from the chaperones 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: _____ Ins. Number: _____
Optional *Optional*

Parent's Name: _____

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

Emergency Contact: Name _____ Phone _____