BALDWINSVILLE CENTRAL SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM (A)

I understand that my child will participate in a school sponsored and supervised educational field trip to
____________________________________________ on ____________________________.
(Place) (Date/s)
He/she will leave at approximately __________________ and return to school approximately __________________.
(Date/Hour) (Date/Hour)
Transportation will be provided by:
□ School buses/vehicle □ Chartered buses □ Commercial Railroad □ Commercial Airline
□ Walking field trip

I give Baldwinsville Central School District permission to take my child _____________________________ on the
above referenced field trip.

I agree that my child will follow all rules and instructions by the sponsors and chaperones, I further understand
that the tour agents, airlines, or any agents the sponsor may employ during the course of this field trip, assume no
liability for property loss or health care. I further release the Baldwinsville Central School District, the sponsor and
chaperones from any liability for loss of life, personal injury or property damage, which might occur in the course
of this field trip.

________________________________________________ ______________________
Signature of Parent/Guardian Date

In case of emergency, I can be reached at the following phone numbers:
Home: _________________________ Work: _________________________ Cell : _________________________

If I cannot be reached, please contact _____________________________ at __________________________
(Name and Relationship) (Phone Number)

I understand that the District Code of Conduct and all school rules and regulations are in effect during this field trip.

________________________________________________ ______________________
Signature of Student Date

________________________________________________ ______________________
Signature of Parent/Guardian Date

The district will not have responsibility or liability for any act or omission relative to a field trip whose approval has
been rescinded in accordance with the requirements of the Board of Education Field Trip Policy #8460. The District
will not indemnify any employee or volunteer, and may, in its discretion, discipline any student or employee who
participates in a trip despite the fact that the district has denied approval and/or rescinded approval for that trip.

I DO NOT give Baldwinsville Central School District permission to take my child _____________________________
on the above referenced field trip.

________________________________________________ ______________________
Signature of Parent/Guardian Date
BALDWINSVILLE CENTRAL SCHOOL DISTRICT

Medical Information

Allergies: ____________________________________________________________

Currently on a daily medication: □ No □ YES Medication: __________________________________

Is student currently on as needed medication; an inhaler, epi-pen, glucagon, etc. □ No □ YES
   If yes, please provide name of medication: __________________________________

Does student have any medical needs; glucose monitoring, seizure evaluations, etc.? □ No □ YES
   If yes, explain medical need: ________________________________________________

If you answered yes to any of the above questions, please contact the teacher as soon as possible.

Medical Authorization

In case of an emergency, representatives of the Baldwinsville Central School District are hereby authorized to
arrange for medical, dental, health and/or hospital services for the above named student. This authorization
includes transportation to a medical facility for first aid, treatment, or other action deemed necessary by the
school district, representative, physician, medical staff, or dentist. I understand that the school district cannot
assume responsibility for the payment of medical fees or expenses incurred, and I hereby release and hold
the school district harmless from any claim for medical fees or expenses and any related costs or damages.

________________________________________________  ______________________
Signature of Parent/Guardian                                   Date

Parent/Guardian Authorization for Another Adult
to Administer Medication to My Child

If another adult will administer medications to your child on the field trip, please designate the person, and
provide permission, below.

To be completed by Parent/Guardian:
I authorize __________________________________________ (name of Designee) my friend, family member,
household member or other relationship appropriate in accordance with Education Law §6908 to administer the
following medication(s):

____________________________________________________________________________________________________
to my child (Name of Student) ________________________________________________________________

I acknowledge that the Baldwinsville Central School District will not be liable for any problems that may arise as a result
of the administration of such medication by the designee.

Parent/Guardian Signature: ____________________________________________ Date: _________________
Print Name: __________________________________________________________

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