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 ______________________. He/she will leave at

(Place)                                      (Date/s)

approximately __________________________ and return at approximately __________________________

(Hour/Date)                                    (Hour/Date)

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 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.

Parent/Guardian Signature  __________________________________________  Date

In case of an emergency, I can be reached at the following phone numbers:

Home: __________________________  Work: __________________________  Cell: __________________________

If I cannot be reached, please contact __________________________ at __________________________

(Name & relationship)  (Phone number)

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

Student Signature  __________________________________________  Date

Parent/Guardian Signature  __________________________________________  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been rescinded in accordance with the requirements of the Board of Education Field Trip Policy No. 8460.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participates in a trip despite the fact that the district has denied approval and/or rescinded approval for that trip.

DO NOT give Baldwinsville Central School District permission to take my child ______________________ in the above field trip.

Parent/Guardian Signature  __________________________________________  Date
BALDWINSVILLE CENTRAL SCHOOL DISTRICT
MEDICAL INFORMATION

Student Name: ____________________________

Home Address: ____________________________________________
(Street)
(Town/Village) (Zip Code)

Phone Number: ____________________________________________

Family Physician: ____________________________ Phone Number: ____________________________

Insurance Company: ____________________________ Insurance Policy Number: ____________________________

Employer: ____________________________________________

Allergies: ____________________________________________

Currently on a daily medication: NO _____ YES _____ Medication: ____________________________

Currently on as needed medication – inhaler, epi-pen, glucagon, etc. NO _____ YES _____

Name of Medication: ____________________________

Any medical needs – glucose monitoring, seizure evaluation, etc. NO _____ YES _____

Explain medical need: ____________________________________________

If you answered yes to any of the above questions, please contact the teacher ASAP. Nurses do not accompany classes on field trips.

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 an emergency for, first aid, treatment, and 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