

**Schodack Central School District
Field Trip Notice
Parental Permission**

Date: _____

Dear Parent/Guardian:

Your child’s class has scheduled a field trip activity to

(Destination)

The group will be leaving at _____ a.m./p.m. on _____
(Date)

and plans to return at _____ a.m./p.m. on _____
(Date)

The trip is a school activity which requires the consent of the parent or guardian. The group will be transported by means of school transportation. **Your child may not participate in this experience until this signed form is returned.**

Please sign and return the form to your child’s teacher by _____
(Date)

(Name of Student – Please Print)

(Name of Parent/Guardian – Please Print)

(Signature of Parent/Guardian)

Sincerely,

(Teacher/Lead Chaperone or Principal)

**Schodack Central School District
Medical Treatment Release Form
(Goes with the Teacher)**

(Please Print)

_____ is a student in the Schodack Central School District
(Name of Student)

attending the _____ field trip on
(Destination)

(Date)

In the event that I am unreachable during an emergency involving my child, I hereby give permission to the supervising teacher to act on my behalf and to authorize whatever medical procedures are deemed necessary to protect the health and safety of my child, until such time as I may be reached.

(Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

Phone Numbers: Home _____

Work _____

Cell _____

Schodack Central School District
Field Trip
Student Personal Profile
(Goes with the Teacher)

(Please Print)

Student Name		
Last	First	Middle Initial
Date of Birth:		

Address: Street	
Town	Zip Code
Phone:	

Parents/Guardian Name		
Last	First	Middle Initial
Phone Numbers		
Home	Work	Cell

Emergency Contact Name		
Last	First	Middle Initial
Phone Numbers		
Home	Work	Cell

Medical Profile	
Insurance Carrier	Physician
Policy Number	
Medication	
Allergies	
Other Medical Conditions	

Schodack Central School District Parental Consent for Field Trip

I give permission for my child, _____ to participate in a school
(Child's Full Name)

sponsored field trip to _____. I understand that my child
will leave on _____ and is expected to return on _____.

I further give permission for my child to ride with:

(Full Name of Parent Driver)

I accept responsibility for the safe transport of this child:

(Full Name/Signature of Parent Driver)

Medical Profile	
Insurance Carrier	Physician
Policy Number:	
Allergies:	
Other Medical Conditions:	

Is your child taking any medication with him/her on the trip? Yes No (Please Circle One)

If so, what is the medication and who is expected to administer this medication?

(Signature of Parent/Guardian)

(Date)

Parents/Guardian Name		
Last	First	Middle Initial
Phone Numbers		
Home	Work	Cell

Emergency Contact Name		
Last	First	Middle Initial
Phone Numbers		
Home	Work	Cell