SCHODACK CENTRAL SCHOOL DISTRICT FIELD TRIP NOTICE

Date: 21624	
Dear Parent/Guardian:	
Your child's class has scheduled a field trip activity to:	
ALL MIGHT PARTY (530 RV) (Destination)	1-130AM) GETAIR
The group will be leaving at Pro on Mc	(Date)
The trip is a school activity which requires the consent be transported by means of school transportation. You until the signed form is returned.	
Please sign below and on the reverse side of this form.	Please return this form to your child's teacher
by: 3/14/24	
(Name of Student – Please Print)	
(Name of Parent/Guardian — Please Print)	(Signature of Parent/Guardian)
Sincerely,	
UFNINIFER DELPINEY - KEOIN H	UNTER
Copies: Office File	

Classroom Teacher

SCHODACK CENTRAL SCHOOL DISTRICT FIELD TRIP STUDENT PERSONAL PROFILE

(PLEASE PRINT) Middle Initial Name - Last First Date of Birth Address - Street Zip Code Town Phone **Parent/Guardian Name** Middle Initial Last First **Phone Numbers** Pager Work Cell Home **Emergency Contact** Name **Phone Numbers** Work Cell Home **Medical Profile** Personal Physician **Insurance Carrier** Policy Number Medication Allergies Other Medical Conditions

SCHODACK CENTRAL SCHOOL DISTRICT MEDICAL TREATMENT RELEASE FORM

PLEASE PRINT

(Name of Student)					
is a student in the S	chodack Centr	al School Dis	trict attending the	;	
ALL NIGH	T PART	· \			
(Destination)					
on MARCH	(Date)				
In the event that I a	m unreachable	during an em	ergency involvin	g my child, I here	by give
permission to the su	pervising teac	her to act on i	ny behalf and to	authorize whatev	er
medical procedures	are deemed ne	ecessary to pro	otect the health ar	nd safety of my c	hild,
until such time as I	may be reache	d.			
(Name of Parent/C	Luardian Pla	asa Print)			
(Ivallie of Tarello)	Juai ulali - 1 ic	ase I I III ()			
(Signature of Pare	nt/Cuardian)			(Data)	
(Signature of Pare	iii/Guardiaii)			(Date)	
Phone Numbers:	Home:				×.
	Work:				
	Cell:				