

NORTHERN YORK SCHOOL DISTRICT
Field Trip Permission Form

Parent/Guardian Permission:

_____, _____, has my permission to travel with
(Student) (D.O.B.)
_____, by _____,
(Name of Organization) (car, bus, train, etc.)
on a **school sponsored trip** to _____ on _____ and
(Place) (Date)
shall abide by all NYCSD policies and school rules as outlined in the student handbook.

Emergency Contact Information:

Contact Name(s): _____ Phone Number(s): _____

Child's Physician: _____ Phone Number(s): _____

Health Insurance: _____ ID#: _____

Medical Conditions: _____

Allergies: _____ Type of Reaction: _____

☐ I give my permission for my child to be taken to the nearest hospital in the event of an emergency.

Medication:

In accordance with NYCSD policy, only those medications currently registered with the school nurse are permitted on school-sponsored trips. **A written order from the treating healthcare professional with prescriptive authority must accompany ALL requests to administer medication.**

Please Initial all that Apply:

☐ EpiPen ☐ Inhaler ☐ Insulin/Glucagon ☐ Authorized Self-Administration
(According to Self-Admin Board Policy)

Other Medication(s) _____ Dose and Time of Administration _____

☐ I choose that my child NOT be administered her/his routine medication(s) on this trip.

☐ I choose to accompany my child on this trip to administer necessary medication(s).

☐ I designate the following adult, who is a non-school personnel and who has secured the necessary clearances, to accompany my child and administer necessary medication(s) _____. I understand that I am required to provide any necessary supplies and training to the designated individual and that the school nurse may not provide training, supplies, or medications to this individual or be involved in any way in the delegation process.

☐ My child will need medication(s) to be administered by the school nurse to participate.

Parent/Guardian's Name: _____ Phone Number(s): _____

Parent/Guardian's Signature: _____ Date: _____