

PARENTAL PERMISSION, MEDICAL CONSENT AND RELEASE FORM Page 1 of 3

TRIP INFORMATION

Trip Date(s) _____ Trip Supervisor: _____
Destination: _____ Departure Site: _____
Departure Date and Time: _____ Return Date and Time: _____
Return Site: _____
This trip will include the following physical and sports activities _____

Clothing/Equipment Expected for this Trip: _____

STUDENT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Birth Date: _____ Birthplace: _____
Gender: [] Male [] Female Student Cell Phone Number: _____

PARENT OR GUARDIAN INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: () _____ Work Telephone: () _____
Cell Telephone: () _____ Email Address: _____
Emergency Contact _____ Relationship _____ Phone Number: _____

MEDICAL CONSENT

Student Name	Date of Birth
Street Address with Zip Code	Doctor's Name
Home Telephone	Doctor's Telephone Number
Insurance Carrier's Name	Insurance Identification Number

1. Health History - please check whether your child has a history of any of the following:

YES	NO	
___	___	Allergies (specify) _____
___	___	Asthma
___	___	Bee/insect sting reactions
___	___	Ear infection
___	___	Heart Condition
___	___	Special Diet (specify) _____
___	___	Convulsions
___	___	Diabetes
___	___	Ear infection
___	___	Heart Condition
___	___	Special Diet (specify) _____
___	___	Stomach upsets
___	___	Other (specify) _____

2. Are there any medical restrictions or limitations to your child's physical activities?
If so, please explain in detail _____

3. Please list any medication your child must take during his/her participation in this trip. Be specific about times and dosage. The responsibility for taking the medication belongs to the student and shall not be assumed by the chaperones of the trip.

Medication	Dosage	Purpose	Time(s)

This health information is accurate and correct insofar as I know. My child has permission to engage in all activities except as noted above. In the event that I cannot be reached in an emergency, I authorize the school and/or its agents to authorize the treatment recommended by the health care provider available to render treatment. This authorization shall also extend to and include hospitalization for first aid where/when necessary. I understand that I will be responsible for the cost of all medical treatment rendered in connection with the trip.

Parent/Guardian Signature

Date

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RELEASE

I _____, the parent/guardian of _____ (student's name) hereby give my permission for my child to take part in the school trip described below: _____ and agree to the following conditions:

- a) I understand that there are potential risks associated with the above-listed activities and I consent to my child's participation in all activities.
- b) I acknowledge that I have accurately filled out the Medical Consent information provided to me
- c) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.
- d) I understand that my child is expected to behave responsibly and to follow the school's code of conduct. I agree and understand that I am responsible for the actions of my child.
- e) I understand that I am responsible for getting my child to and from the departure and return sites identified above. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination site, and from the destination site to the return site.
- f) The program organizers and/or group chaperones may make reasonable changes in the dates, destinations, or itinerary for the mutual benefit and safety of group participants. In such event, they shall not be liable for any delay, loss, or damage resulting therein. In the event of any illness, accident, or incapacity incurred by me, the group chaperone may consider my best interests in securing medical treatment, hospitalization, medication and/or return transportation at my own expense.
- g) I give my permission for my child to participate in this school trip.

I, the undersigned, assume(s) all risk of injury or harm to the Child associated with participation in the activity and agree(s) to releases, indemnify, defend and forever discharge the Rochester City School District and its staff, employees, board members, agents and volunteers (collectively the "Organizer") of any and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect to death, injury, loss or damage to the Child or by the Child, howsoever caused, arising from the Child's participation in the above mentioned activity.

I certify that I have read and I understand this release and agree to abide by its provisions.

Student Signature

Date

I certify that I am the parent or legal guardian of the student named above and that I have read the foregoing release. I agree to every part of this release and hereby relinquish any claim that I may have against the RCSD, RCSD's staff, employees, board members, agents and volunteers (collectively the "organizer") both on my behalf and in my capacity as legal representative, while my child is a participant in this activity.

Parent/Guardian Signature

Date

EDUCATIONAL FIELD TRIPS

Rochester City School District

Rochester, New York

School _____ Teacher _____

Address _____ Phone No. _____ Extension _____

Requested by _____ No. of Passengers _____ Grade(s) _____

Date _____ No. of Buses _____

Date Requested		TRIP DESTINATION(S) (also use for any additional comments)	Check Transport being used	Pick Up time at school	Departure time from destination
1st Choice	2nd Choice				
			Bus _____ Coach _____ RTS _____ Other _____ (explain) _____		

Billing Authorization Signature _____

Principal authorized signature _____

Billing Address _____

Date _____

Billing Phone No. _____ Extension _____

Date _____

Date Sent to Contractor _____ Contractor _____

Confirmation No. _____

Field Trip Planning Form

Date _____
Sponsoring Teacher(s) _____
Destination _____
Method of Travel _____
Time of Departure _____
Time of Return _____

Student Names

- | | |
|-----------|-----------|
| 1. _____ | 21. _____ |
| 2. _____ | 22. _____ |
| 3. _____ | 23. _____ |
| 4. _____ | 24. _____ |
| 5. _____ | 25. _____ |
| 6. _____ | 26. _____ |
| 7. _____ | 27. _____ |
| 8. _____ | 28. _____ |
| 9. _____ | 29. _____ |
| 10. _____ | 30. _____ |
| 11. _____ | 31. _____ |
| 12. _____ | 32. _____ |
| 13. _____ | 33. _____ |
| 14. _____ | 34. _____ |
| 15. _____ | 35. _____ |
| 16. _____ | 36. _____ |
| 17. _____ | 37. _____ |
| 18. _____ | 38. _____ |
| 19. _____ | 39. _____ |
| 20. _____ | 40. _____ |

Exploratory teachers notified? _____
Permission slips completed and copies given to VP? _____

Approvals: Administrator _____
Vice Principal _____

FIELD STUDY/FIELD TRIP CHECKLIST

ONCE YOU HAVE RECEIVED WRITTEN CONFIRMATION THAT YOUR FIELD STUDY HAS BEEN ARRANGED, PLEASE BE SURE THAT YOU DO THE FOLLOW AT LEAST TWO WEEKS PRIOR TO THE FIELD TRIP/STUDY:

- _____ Approval by administrator prior to any preparation for field trip/study.
- _____ Give list of names of students and respected lunch #'s to go on field study to supervisor of cafeteria so that lunches can be ordered.
- _____ Check to see that all students expected to go have "CSD Field Trip Permission" on file in main office.
- _____ Inform Special Subject teachers of your plans. See if others can support your teaching in preparation of your field study.
- _____ Check with parent, student and nurse for medications and instructions for usage.
- _____ Work out any schedule changes that will be necessary to accommodate your field study.
NOTIFY ADMINISTRATOR IF SUB (S) ARE NEEDED TO COVER YOUR CLASS.
- _____ Students have formulated **INTERESTING QUESTIONS.**
- _____ Request (in a timely fashion) any special materials you will need.
- _____ All permission slips are collected and turned in to Administrator by specified date on the permission slip. **NO EXCEPTIONS!** Sample copy of letter must be pre-approved!
- _____ Rubric has been designed and given to students.
- _____ Students are aware of behavior codes.
- _____ Students are aware of specific tasks to be completed on field study and are aware of expectations for follow-up when they return to school.
- _____ Field Study Plans and Rubric have been given to Administration.
- _____ Arrangements been made for students who are not going on field study. Administrator has been notified who is not going. (See reporting form)
- _____ Assignment for students not going has been run off and delivered to person(s) responsible for supervising those students who stay behind.
- _____ Name tags for students on field study where applicable.
- _____ Special Subject has received an updated copy of students going on the trip.
- _____ Bus assignments (include staff & students) and signs are **VISIBLE.**

The School of Imaging and Information Technology @ Edison #94

655 Colfax Street, Rochester, NY 14606

324-9794 (fax: 324-9747)

PERMISSION FORM FOR FIELD TRIPS, ASSEMBLIES, ETC.

Please use pen when completing this form

Due Date:

_____ has been selected to participate/attend _____
(Student Name) (Name of Field Trip)

_____ on the following date(s) _____
(Location or Name of Assembly, etc.)

The coordinating staff member(s) you can contact: _____ phone ext: _____

ATTENTION STUDENTS: The above portion must be completed before you ask your teachers to complete below. Only after you have had **ALL** of your teachers complete the form below, you should then take this home for your parents to complete the bottom portion. Return the completed form to the *coordinating* teacher as soon as possible and before the due date. Otherwise, you may not be able to attend.

PERIOD	CLASS	PERMISSION? <small>Please write Yes or No</small>	CURRENT GRADE <small>S or U</small>	MAKE UP REQUIRED? <small>Yes or No</small>	TEACHER SIGNATURE	TEACHER'S Phone ext.
1						
2						
3						
4						
5						
6						
7						
8						

ATTENTION PARENT(S)

Please fill in this portion **COMPLETELY** and have your child return it to school as soon as possible **AFTER** the above portion has been completed.

Parent(s) full name (please print): _____

Parent(s) Signature: _____ Date: _____

I have reviewed the above information and (please circle) **DO** **DO NOT** give permission for my child to attend this function.

****It is ultimately the parent's decision as to whether the student is allowed to attend the function specified above.****

THE FOLLOWING MUST BE COMPLETED

Phone Number (to verify your signature): _____ the best time to call is _____