

Superintendent Regulation 4400-R Exhibit 2

FIELD TRIP INFORMATION FORM

TRIP INFORMATION (Completed by School)

Trip Date(s) _____ Trip Supervisor: _____

Destination: _____ Departure Site: _____

Departure Date and Time: _____ Return Date and Time: _____

Return Site: _____

Among other activities, this trip may include the following physical or sports activities _____

Clothing/Equipment Expected for this Trip: _____

STUDENT INFORMATION (Completed by Parent or Guardian)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____

Gender: [] Male [] Female Student Cell Phone Number: _____

PARENT OR GUARDIAN INFORMATION (Completed by Parent or Guardian)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: () _____ Work Telephone: () _____

Cell Telephone: () _____ Email Address: _____

Emergency Contact _____ Relationship _____ Phone Number: _____

FIELD AND WALKING TRIP MEDICAL CONSENT FORM FOR THE _____ SCHOOL YEAR

Parents/guardians must complete and return this form to the school nurse at least 7 days before the first field or walking trip of each school year and update this form if their child's medical condition changes.

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

1. Health History - please check whether your child has a history of any of the following:
- | | | | | | |
|------------|-----------|--------------------------------------|------------|-----------|--------------------------------|
| YES | NO | | YES | NO | |
| _____ | _____ | Allergies (specify) _____ | _____ | _____ | Special Diet (specify) _____ |
| _____ | _____ | Asthma or Breathing Problems | _____ | _____ | _____ |
| _____ | _____ | Bee/insect sting reactions | _____ | _____ | _____ |
| _____ | _____ | Bones or Joints Conditions Allergies | _____ | _____ | Stomach upsets (specify) _____ |
| _____ | _____ | Diabetes | _____ | _____ | _____ |
| _____ | _____ | Ear infection | _____ | _____ | _____ |
| _____ | _____ | Heart Condition | _____ | _____ | _____ |
| _____ | _____ | Seizure Disorder/Convulsions | _____ | _____ | _____ |
| _____ | _____ | 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 while on a school field trip, including times and dosage. If your child has been identified by the school nurse as being able to self-administer their own medication, the responsibility for taking the medication belongs to the student and shall not be assumed by the chaperones of the trip. If your child has been identified as not able to self-administer medication, the parent must designate someone to administer the medication who shall go with the student on 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 regular physical activities except as noted above. If 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 also extends to and includes 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. In addition, I am responsible for completing a new medical consent form and providing it to the school nurse if my child's medical condition changes during the school year.

Parent/Guardian Signature _____ Date _____

For School Nurse Use Only

Students Ability to Administer Medication _____ Self-administration _____ Non-Self administration
 Medical/Emergency Care Plan _____ Yes (if so please provide plan) _____ No

This form is the property of the Rochester City School District ("RCSD") and should not be used if the school field trip is not authorized and approved by the RCSD. It may not be modified and must be completed in full to be processed and approved.

WALKING TRIP CONSENT FORM

I _____, the parent/guardian of _____ (student's name)
hereby give permission for my child to participate in regular walking trips to and from:
_____ throughout the school year and agree
(Location)

to the following conditions:

- a) I understand that there are possible risks related to this trip and I consent to my child's participation in all trip activities.
- b) I have accurately completed and updated the Medical Consent Form information for my child.
- 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 my child shall be accompanied by one or more staff members during the walking trip.
- f) I give my permission for my child to participate in this school walking trip.

I certify that I have read and I understand this consent form and agree to 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 and understand this consent form.

Parent/Guardian Signature

Date

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FIELD TRIP CONSENT FORM

I _____, the parent/guardian of _____ (student's name) hereby give 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 this trip and I consent to my child's participation in all trip activities.
- b) I acknowledge that I have accurately completed and updated the Medical Consent Form information.
- 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 my child, the group chaperone may consider my child's 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 certify that I have read and I understand this consent form and agree to 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 and understand this consent form.

Parent/Guardian Signature

Date

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INTERNATIONAL TRIP CONSENT FORM

_____ (Insert name of Trip)

I _____ am the parent/guardian of _____. I hereby request the Rochester City School District to permit _____ to participate in the _____, sponsored, in part, by the Rochester City School District.

It is impossible to eliminate all risk involved in international travel. For example, there are risks associated with air travel, local transportation systems, political unrest, and many other factors that are outside of the control of the Rochester City School District. The risks can range in severity from minor to serious and could include even death. I acknowledge that I have read and understand any travel advisory issued by the United States Department of State and give permission for my son/daughter to travel to _____ with the _____.

- a) I understand that there are potential risks related to this trip and I consent to my child's participation in all trip activities.
- b) I have accurately completed and updated the Medical Consent Form 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 child's 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 am responsible for getting my child to and from the departure and return sites. 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, and from the destination 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.
- g) I give my permission for my child to participate in this international trip.

I have had the opportunity to review and consider this International Consent Form before signing it and understand what it says.

Signature of Parent or Guardian

Date

Subscribed and sworn to before me
this _____ day of _____, 20_____

Notary Public

Signature of Student

Date

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