

**WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
PARENT/GUARDIAN PERMISSION FOR FIELD TRIP***

Dear Parent/Guardian:

On _____ we plan to take _____
Date(s) Group

on a trip to: _____
Destination

Check one:

_____ Information on attached sheet applies to this field trip

_____ Information on this field trip as follows

Mode of travel _____

Other pertinent information _____

Please complete the section below and return this letter to me.

Sincerely,

(Teacher)

***Including trips for athletic events which will last more than one day.**

To: West Irondequoit Central School District

Student: _____

_____ I do give permission for my child to take the trip listed above.

_____ I do **not** give permission for my child to take the trip listed above.

Parent/Guardian: _____
(Signature)

Date: _____

Telephone number where you can be reached: _____

MEDICAL INFORMATION

Name of family doctor _____

Doctor's phone # _____

Does your child have any allergies? Yes _____ No _____

If yes, please explain: _____

Does your child have asthma? Yes _____ No _____

If yes, does he/she use an inhaler? Yes _____ No _____

Is your child taking any medication with him/her on the trip? Yes _____ No _____

Name of medication and dose: _____

It is taken for: _____

NOTE: Self carry medication form must be on file in the Health Office in order to carry medication on field trips.

Does your child have any other medical condition we should be aware of? Yes _____ No _____

If yes, please explain _____

Health/Medical Insurance Provider: _____

Contract #: _____

I give permission for _____ to be treated for any
(Child's name)
medical/surgical emergency care while on this trip.

(Signature of Parent/Guardian)

(Date)

(Day time phone #)

(Evening phone #)