

FIELD TRIPS AND EXCURSIONS EXHIBIT
HARBORFIELDS CENTRAL SCHOOL DISTRICT
Greenlawn, New York 11740

PARENTAL/GUARDIAN PERMISSION SLIP

I, _____ **give permission** for _____
(Name of Parent/Guardian) (Name of Student)

to attend the following trip: _____
(Date(s) of Field/Education Trip) (Identity of Field/Education Trip)

Departure Time: _____ Return Time: _____

Transportation is provided by: _____
(State Mode of Transportation)

I, _____ **do not give permission** for _____
(Name of Parent/Guardian) (Name of Student)

to accompany your group on the field trip.

ITINERARY/SPECIAL INSTRUCTIONS:

I understand that the leaders will make every effort to reach me, but in the event emergency treatment is necessary, I give the trip leaders the right to transport and authorize medical treatment on behalf of my child.

My **child's physician** is _____
(Name of Physician)

(Street Address) Town) (Zip Code) (Area Code + Telephone Number)

Parent/Guardian Phone Numbers

(Name) (Home Tel. #) (Cell #) (Business Tel. #) (E-mail)

(Name) (Home Tel. #) (Cell #) (Business Tel. #) (E-mail)

Two **emergency contacts** are:

(Name)

(Name)

(Street Address)

(Street Address)

(Town) (Zip Code)

(Town) (Zip Code)

(Area Code + Tel. Number) (Cell Number)

(Area Code + Tel. Number) (Cell Number)

(E-mail address)

(E-mail Address)

(OVER)

My child has the following **medical conditions** that would interfere with his/her participation on this trip: _____

My child takes the following **medication**: _____

and I have made arrangements for him/her to receive this medication as required.

My child and I have read and understand the school's **Code of Conduct** for trips. We agree to abide by these rules. **Parent or Legal Guardian** does hereby covenant and agree to release and hold harmless **Harborfields Central School District** from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the so named field/education trip.

(Signature of Parent/Guardian)

(Date)

In the event the trip must be canceled by the district due to terrorist action, government advisory or other similar conditions not in effect at the time of the trip approval, the district will not be held financially responsible for costs accrued as a result of that action.

*****FOR OVERNIGHT TRIPS ONLY:*****

I acknowledge receipt of field trip student behavior requirements and emergency procedures.

(Signature of Parent/Guardian)

(Date)

Adoption date: July 10, 2001
Revised: June 18, 2008