BALDWINSVILLE CENTRAL SCHOOL DISTRICT FIELD TRIP PERMISSION FORM (A)

(Place)			(Date/s)
He/she will leave at approximately	(Date/Hour)	_ and return to school approxi	imately (Date/Hour)
Transportation will be provided by:			
☐ School buses/vehicle ☐ C	hartered buses	☐ Commercial Railroad	☐ Commercial Airline
☐ Walking field trip			
I give Baldwinsville Central School Dist	trict permission to	o take my child	on the
above referenced field trip.			
l agree that my child will follow all rule that the tour agents, airlines, or any a liability for property loss or health car chaperones from any liability for loss of of this field trip.	gents the sponso e. I further releas	r may employ during the cours e the Baldwinsville Central Sch	se of this field trip, assume no
Signature of Parent/Guardia	an		Date
In case of emergency, I can be reached	d at the following	phone numbers:	
Home:	Work:	Cell :_	
If I cannot be reached, please contact		at	
, ,		and Relationship)	(Phone Number)
I understand that the District Code of Signature of Student		school rules and regulations o	nre in effect during this field Date
Signature of Parent/Guardian	1		Date
been rescinded in accordance with the will not indemnify any employee or vo	e requirements or olunteer, and may	f the Board of Education Field , in its discretion, discipline ar	Trip Policy #8460. The Distri ny student or employee who
been rescinded in accordance with the will not indemnify any employee or voparticipates in a trip despite the fact t	e requirements or blunteer, and may hat the district ha	f the Board of Education Field , in its discretion, discipline ar as denied approval and/or reso	Trip Policy #8460. The Distri ny student or employee who
The district will not have responsibility been rescinded in accordance with the will not indemnify any employee or veparticipates in a trip despite the fact to the DO NOT give Baldwinsville Central Son the above referenced field trip.	e requirements or blunteer, and may hat the district ha	f the Board of Education Field , in its discretion, discipline ar as denied approval and/or reso	Trip Policy #8460. The Distri ny student or employee who
been rescinded in accordance with the will not indemnify any employee or vor participates in a trip despite the fact to the DO NOT give Baldwinsville Central S	e requirements or blunteer, and may hat the district ha	f the Board of Education Field , in its discretion, discipline ar as denied approval and/or reso	Trip Policy #8460. The Distri ny student or employee who

BALDWINSVILLE CENTRAL SCHOOL DISTRICT Medical Information

Currently on a daily medication: No
Is student currently on as needed medication; an inhaler, epi-pen, glucagon, etc. □ No □ YES
If yes, please provide name of medication:
Does student have any medical needs; glucose monitoring, seizure evaluations, etc.? No YES If yes, explain medical need:
If you answered yes to any of the above questions, please contact the teacher as soon as possible.
Medical Authorization
In case of an emergency, representatives of the Baldwinsville Central School District are hereby authorized to arrange for medical, dental, health and/or hospital services for the above named student. This authorization includes transportation to a medical facility for first aid, treatment, or other action deemed necessary by the school district, representative, physician, medical staff, or dentist. I understand that the school district cannot assume responsibility for the payment of medical fees or expenses incurred, and I hereby release and hold the school district harmless from any claim for medical fees or expenses and any related costs or damages.
Signature of Parent/Guardian Date
Parent/Guardian Authorization for Another Adult to Administer Medication to My Child
If another adult will administer medications to your child on the field trip, please designate the person, and provide permission, below.
To be completed by Parent/Guardian:
I authorize (name of Designee) my friend, family member,
household member or other relationship appropriate in accordance with Education Law §6908 to administer the following medication(s):
to my child (Name of Student)
I acknowledge that the Baldwinsville Central School District will not be liable for any problems that may arise as a resu
of the administration of such medication by the designee.
Parent/Guardian Signature:Date:
Print Name: