

I am aware that the _____ will be traveling to _____ on _____. My child has my permission to travel with this organization.

I, _____ (Parent/Guardian, please print), give permission to Shenendehowa staff or chaperones to act on my behalf for _____ (Student Name, please print), in the event of a medical emergency.

Date of Birth _____	Home Phone _____
Father Daytime Number _____	Mother Daytime Number _____
Family Physician _____	Phone Number _____
Family Dentist _____	Phone Number _____
Insurance Company _____	Policy Number _____
Insurance Address _____	
Name of Insured _____	Employer _____

If parent/guardian cannot be reached in an emergency, please contact:

Name _____	Phone Number _____
Name _____	Phone Number _____

I hereby grant permission for Shenendehowa Central School District and its employees full authority to take whatever action they deem necessary regarding my child's health and safety in the event I cannot be reached or in a situation where time is of the essence; and fully release the Shenendehowa Central School District and its employees from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff if needed. Any such action will be taken in the best interests of my child and will be reported to me as soon as possible.

Please indicate if your child has: (Check all that apply and describe below.)

Asthma _____	Seizures _____	Last Tetanus (date) _____	Other _____
Severe Allergy _____	Diabetes _____	History of Surgery (describe) _____	
Other Allergies _____	Special Diet _____	Physical Limitations _____	

Will medication be required during the field trip? Yes _____ No _____
Describe _____

If medication is needed on a field trip the following is required:

A doctor's order and written parental permission must be on file in the health office. Self directed students who have permission to self carry may do so with the medication in the original labeled container. If the self directed student does not have permission to self carry, the teacher will need to carry the medication. Non-self directed students will need to have a parent or a nurse accompany them on the trip to administer their medication.

My signature gives permission for both the field trip and any necessary medical action.

Parent Signature

Date