

FIELD TRIP PERMISSION
WEST GENESEE CENTRAL SCHOOL DISTRICT
CAMILLUS, NY 13031

My child, _____, has permission to participate on the following school sponsored and supervised educational field trip. I understand that all students attending the field trip must have a signed permission slip; and that all rules and regulations of the West Genesee District Code of Conduct apply during this trip. Students attending the field trip are responsible for any work missed in their other classes. Students must use transportation as provided by the District. If the field trip extends beyond the school day, parents will be responsible for student transport home.

Grade: _____ Teacher: _____ School: _____

Destination: _____

Date of Field Trip: _____

Expected Time of Departure: _____ Expected Time of Return: _____

Parent/Guardian's Signature: _____ Date: _____

In case of emergency, I can be reached at the following phone numbers:

Home: _____ Work: _____ Cell: _____

If I cannot be reached, please contact _____ at _____
(Name & Relationship) (Phone Number)

MEDICAL INFORMATION (please check one)

- My child does **not** have any medication on file in the Health Office.
- My child has an order for medication on file in the Health Office and I will chaperone and administer my child's medication.
- My child has an order for medication on file in the Health Office and I designate the following family member or friend to administer medication to my child _____.
(Name)
- My child has an order for medication on file in the Health Office but I am unable to attend and administer my child's medication, please contact me at the above phone number(s).
- My child has a doctor's order for self-administering the following medication:
- Epipen Inhaler: _____ Insulin: _____

Name of Student: _____

Parent/Guardian's Signature: _____ Date: _____