

**HOOSICK FALLS
CENTRAL SCHOOL DISTRICT**

Field Trip and Emergency Consent Form

I am aware that (student) _____ will be traveling to _____ with (group)_____ on (date)_____. My child has my permission to travel with this organization for this purpose. I, _____ (parent/guardian, please print), give consent to Hoosick Falls 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 _____	Physician Phone Number _____
Family Dentist _____	Dentist Phone Number _____
Insurance Company _____	Insurance Policy Number _____
Insurance Address _____	_____
Name of Insured _____	Mother's/Father's Employer _____
If parent or guardian can't be reached, please contact:	
Name _____	Phone Number _____
Name _____	Phone Number _____

I hereby grant Hoosick Falls 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 Hoosick Falls 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 Limitation _____	

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

Describe _____

PLEASE NOTE: 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 if the medication is in the original labeled container. If the self-directed student does not have permission to self-carry, then a staff member will need to carry the medication. Non-self-directed students will need to have a parent, parent designee (non-school employee) 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 treatment that may be required.

Parent/Guardian Signature

Date