



P.O. Box AA • MILLBROOK, NEW YORK 12545

Field Trip Permission & Medical Information Form*To be filled out for each field trip*

I give my **Child** (print student name): _____, **Grade:** _____,
permission to participate in the

Field Trip Scheduled to (place): _____,

On (date of field trip): _____, **Teacher** (if applicable): _____.

I realize that it is my right to deny my child permission to participate in any specific field trip during the course of the year. I will notify the school, in writing, should this occur.

STUDENT INFORMATION

Student Name: _____ **DOB:** _____ **Grade:** _____

Address: _____

Emergency Contact: _____ **Phone:** _____

Health Care Provider: _____ **Phone:** _____

Health Insurance Carrier: _____ **Policy ID#:** _____

HEALTH HISTORY

Please list any health concerns the chaperones should be aware of (allergies, dietary restrictions, chronic conditions etc.): _____

Please list any medications your child needs on this trip: _____

****All medications require BOTH a written order from a licensed provider and written parental permission. This includes Epi Pens, inhalers, insulin, prescription & OTC medications. Please use the Authorization for Medication form if necessary. ****

PARENT/GUARDIAN PERMISSION

While on the trip my child shall comply with the Millbrook CSD Code of Conduct and be subject to all rules, regulations and supervision of the chaperones or he/she may be removed from the trip and be sent home at my expense. I understand that my child may forfeit the right to attend field trips if his/her behavior or failure to regularly complete academic assignments becomes a cause for serious concern.

My child has my permission to attend this field trip.

I authorize staff chaperones to take my child to the nearest hospital for any necessary medical treatment, including blood transfusions, while participating in this field trip.

Parent/Guardian Signature: _____ **Date:** _____