

## CHITTENANGO CENTRAL SCHOOL DISTRICT

### Permission Form to Participate in a Field Trip and Authorization for Medical Treatment

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees of the Chittenango Central School District. A brief description of the activity follows:

NAME OF EVENT: Jr. High Area All-State

LOCATION: Ithaca High School

DESIGNATED SUPERVISOR: Mrs. Connelly, Mr. Longhi, Mr. Kaercher

METHOD OF TRANSPORTATION: School Bus

DATE/TIME OF DEPARTURE: Friday, Nov. 1, 2019 11:45am DATE/TIME OF RETURN: 9:00pm Friday

ADDITIONAL INFORMATION: Students will be bused down and back on Friday, will be bused down on Saturday morning, but parents will need to pick them up after the concert.

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### PARENT/GUARDIAN INSTRUCTIONS

If you consent to your son/daughter's participation in the above-described event, please complete, sign, and return to the designated supervisor.

**I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated School District Employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. All students must abide by the policies and procedures outlined in the Board of Education Policy Manual and the Student/Parent Handbook.**

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

Home Phone Number: \_\_\_\_\_

Work/Emergency Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

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### AUTHORIZATION FOR MEDICAL TREATMENT

I/We, being the parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, do hereby consent to and authorize emergency medical, dental, surgical care, and hospitalization for said minor for any injury incurred while participating in the event described above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

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Family Physician's Name and Phone Number: \_\_\_\_\_