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: **Longhi/Connelly/Kaercher**

METHOD OF TRANSPORTATION: **School Bus**

DATE/TIME OF DEPARTURE: See info   DATE/TIME OF RETURN: See info

ADDITIONAL INFORMATION:

Bus leaves 11:45am on 11/2/18, returns by 9:30pm. Bus leaves again 7am on 11/3/2018, no return bus

PARENT/GUARDIAN INSTRUCTIONS

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

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: _____

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: _____

Family Physician's Name and Phone Number: _____