

Auburn Junior High School



Permission For Participation In Field Trip Activity

I hereby give my permission for:

, Grade: 8

(Name of AJHS student)

To participate in a field trip to:

Darien Lake

On:

Monday June 18, 2018

(Date & Time of field trip)

Students need to be at A.J.H.S. 7:30 a.m. Busses leave at 8:00 AM sharp. Busses will leave Darien Lake at 7:30 p.m. with an estimated time of arrival at A.J.H.S. of 9:30 PM

Parent/Guardian Name & Contact Info.:

Home Phone:

Work Phone:

Cell Phone:

Do you wish to have your child excluded from any public photo opportunities that may take place during this excursion? Yes No

By my signature below, as parent or legal guardian, I authorize a qualified physician to examine the above named student in the event of injury, and to administer emergency care and to arrange for consultation by a specialist, if deemed necessary, to insure proper care of any injury. Every effort will be made to contact the parent or legal guardian to explain the nature of the problem.

I am fully aware of the risks inherent in participation in the type of proposed activities, including physical injury, or other consequences that might arise. If I have questions, I may contact Auburn Junior High School at (315) 255-8480.

Having read all of the above, I give my permission for my child to participate in this activity.

Parent/Guardian Signature

Date

The Health Update on the reverse side of this form and permission slip must be completed and signed by the Parent/Guardian by Friday, June 15th.



Auburn Enlarged City School District
Field Trip Required - Health Information Update
(May be updated every 50 days)

Grade _____

Teacher _____

Students Name _____ DOB _____

Address _____ Phone # (1st to call) _____

Physician Name _____ Dentist Name _____

Your current contact information can be viewed in school tool and is on file with our main office. If there have been any changes to this information please contact the main office in the school.

In case I cannot be reached, I authorize the Auburn School District to render such treatment as may be necessary in an emergency for the health of my child. I give my permission to the school official in charge to obtain the services of the nearest ambulance, rescue service, family physician on record or other physician if my own is not available, to provide immediate and necessary care.

This form will be utilized for the current school year. The information will be shared with appropriate instructional staff, the transportation department, and Health Services. It will also be available on field trips and in the event of an emergency will be given to emergency personnel.

Date _____ Signature of Parent / Guardian _____

Does child have:	Yes	No		Yes	No		Yes	No
Allergies			Seizure Disorder			Asthma		
Bee Sting Allergy			Diabetes			Hearing Disorder		
Attention Deficit (ADD, ADHD)			Bladder/bowel problems			Vision Disorder		
Medication			Skin rash / eczema			Glasses / contacts		
Stomach aches			Headaches / Injury			Heart Murmur		
Broken bones			Ear Infections			Other:		
			Tubes in ears					

If you answered yes to any of the above, please explain: _____

Surgery _____ Accident / Injury _____

Medication (name, dose, frequency, Physician, reason for taking) _____

If any of the above information changes during the course of the school year, please notify the School Nurse as soon as possible.

NYS Education Law requires school districts to have on file signed instructions for emergencies from parents / guardians.