

CHESTNUT RIDGE SCHOOL DISTRICT
3281 Valley Road, Fishertown, PA 15539
OVERNIGHT FIELD TRIP AUTHORIZATION

Today's Date _____

I give permission for _____, Age _____
Student's Name
to participate in a field trip to _____
on (dates) _____.

In the event of sickness and/or injury, I give permission to the school personnel or chaperones in charge of the field trip to procure necessary medical and/or hospital services, either as an in-patient or as an out-patient, with distinct understanding that the Chestnut Ridge School District assumes no financial burden for said services. The decision to place my child in a hospital or receive medical services shall be in the sole discretion of the school personnel or chaperones in charge of the field trip.

Father's Full Name _____
Work Phone _____ Hours _____

Mother's Full Name _____
Work Phone _____ Hours _____

Step Parent or Guardian _____
Work Phone _____ Hours _____

Is the student currently under medical treatment? Yes No

If yes, give the nature of the treatment and doctor's name and phone number:

Is the student currently taking any medication? Yes No

If yes, give the name of the medication, reason it is given, doctor's name and phone number:

List any ailments of your child of which the school nurse or medical personnel should be made aware (example: epilepsy, heart condition, diabetes, allergies, etc.)

Date of last tetanus shot (if known): _____

Name of Health Insurance _____

Name of Employer (if Group Insurance) _____

Address _____ Phone _____ Group # _____

CHESTNUT RIDGE SCHOOL DISTRICT
FIRST AID/EMERGENCY AUTHORIZATION

If the school or its designee cannot get in touch with either parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

Name _____ Relationship to child _____

Address _____ Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____

If none of the above can be reached by phone, WHAT DO YOU WISH THE SCHOOL OR ITS DESIGNEE TO DO in case the child is sick or injured?

If EMERGENCY TREATMENT is required, may the school authorities or designee use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached?

Yes No

If no, name preferred hospital _____

Preferred doctor _____

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible.

I am also aware that there are certain rules of conduct during the field trip and I know that my child will be sent home at my expense in the event he or she fails to abide by the rules established by the school personnel and chaperones for the field trip.

If at any time the above information must be changed, I will notify the school in writing.

Signature of Parent or Guardian _____

Date _____ Student's Home Phone Number _____

As you are aware, we are presently living in uncertain times—9/11, war in Iraq, terrorist threats, etc. While Chestnut Ridge School District will presently continue to offer educational trips for our students, we also respect your right to withhold your son/daughter from these trips if you consider them at risk.

Thank you for your cooperation.

Updated by Board 5/27/03