

CHESTNUT RIDGE SCHOOL DISTRICT
3281 Valley Road
Fishertown, PA 15539

School Journey Parental Permission Form

My child _____ has my permission to go on a school journey to _____ on _____ 20____ supervised by faculty members.

While my child is on this journey, I absolve, release, and exonerate the Chestnut Ridge School District and all its employees from all claims, financial or otherwise, due to any injury or damage incurred by the above-named child while on the trip designated.

In the event of inclement weather the school authorities reserve the right to postpone this trip to another date without in any way invalidating any of the terms agreed to on this form by the parents or guardian of the student named above.

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.

Date _____ Signed _____
Updated by Board 5/27/03 Parent's or Guardian's Signature

***Medical/Emergency Authorization (on back) must be completed for your child to be permitted to participate in field trip.**

MEDICAL/EMERGENCY AUTHORIZATION

Student/Child's Name _____ Age _____
Date of Birth _____
Father's Name _____ Home # _____ Work # _____
Mother's Name _____ Home # _____ Work # _____
Step Parent or Guardian _____ Home # _____
Work # _____

My child has the following health concerns or is receiving treatment for the following conditions: _____

Medications/Allergies _____
Doctor's Name _____ Phone # _____
Preferred Hospital _____
Date of last Tetanus shot _____
Name of Health Insurance _____
Policy # _____ Group # _____

*If the school or it's 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 _____ Relation to child _____ Phone _____
Name _____ Relation to child _____ Phone _____

In the event of sickness and/or injury, I give permission to the staff or chaperones of Chestnut Ridge School District to transport or make arrangements for the transportation of my child to the emergency medical care, and to sign permission for medical treatment declared immediately necessary by the physician in the event that the persons listed above cannot be contacted. This permission is granted with district understanding that the Chestnut Ridge School District assumes no financial burden for said services.

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

Signature of Parent/Guardian _____ Date _____