

**BALDWINSVILLE CENTRAL SCHOOL DISTRICT
MEDICAL INFORMATION**

Student Name: _____ Phone Number: _____

Home Address: _____

Family Physician: _____ Phone Number: _____

Insurance Company: _____ Insurance Policy Number: _____

Employer: _____

Allergies: _____

Currently on a daily medication: No YES Medication: _____

Is student currently on as needed medication; an inhaler, epi-pen, glucagon, etc. No YES

If yes, please provide Name of Medication: _____

Does student have any medical needs; glucose monitoring, seizure evaluations, etc. No YES

If yes, explain medical need: _____

If you answered yes to any of the above questions, please contact the teacher as soon as possible.

Medical Authorization

In case of an emergency, representatives of the Baldwinsville Central School District are hereby authorized to arrange for medical, dental, health and/or hospital services for the above named student. This authorization includes transportation to a medical facility for first aid, treatment, or other action deemed necessary by the school district, representative, physician, medical staff, or dentist. I understand that the school district cannot assume responsibility for the payment of medical fees or expenses incurred, and I hereby release and hold the school district harmless from any claim for medical fees or expenses and any related costs or damages.

Signature of Parent/Guardian

Date

**BALDWINSVILLE CENTRAL SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM (A)**

I understand that my child will participate in a school sponsored and supervised educational field trip to

_____ on _____
(Place) (Date/s)

He/she will leave at approximately _____ and return to school approximately _____
(Date/Hour) (Date/Hour)

Transportation will be provided by:

- School buses/vehicle Chartered buses Commercial Railroad Commercial Airline
 Walking field trip

I give Baldwinsville Central School District permission to take my child _____ on the above referenced field trip.

I agree that my child will follow all rules and instructions by the sponsors and chaperones, I further understand that the tour agents, airlines, or any agents the sponsor may employ during the course of this field trip, assume no liability for property loss or health care. I further release the Baldwinsville Central School District, the sponsor and chaperones from any liability for loss of life, personal injury or property damage, which might occur in the course of this field trip.

Signature of Parent/Guardian

Date

In case of emergency, I can be reached at the following phone numbers:

Home: _____ Work: _____ Cell: _____

If I cannot be reached, please contact _____ at _____
(Name and Relationship) (Phone Number)

I understand that the District Code of Conduct and all school rules and regulations are in effect during this field trip.

Signature of Student

Date

Signature of Parent/Guardian

Date

The district will not have responsibility or liability for any act or omission relative to a field trip whose approval has been rescinded in accordance with the requirements of the Board of Education Field Trip Policy #8460. The District will not indemnify any employee or volunteer, and may, in its discretion, discipline any student or employee who participates in a trip despite the fact that the district has denied approval and/or rescinded approval for that trip.

I DO NOT give Baldwinsville Central School District permission to take my child _____ on the above referenced field trip.

Signature of Parent/Guardian

Date