

**FIELD TRIP/MEDICAL PERMISSION SLIP  
BRONXVILLE UNION FREE SCHOOL DISTRICT**

DATE OF FIELD TRIP: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**ALTERNATE EMERGENCY TELEPHONE NUMBER**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

**MEDICAL**

**ALL MEDICATION TO BE DISPENSED DURING THIS FIELD TRIP MUST BE IN THE NURSE'S OFFICE FIVE SCHOOL DAYS PRIOR TO THE FIELD TRIP OR THE STUDENT WILL NOT BE ALLOWED TO PARTICIPATE.**

If your child has any special medical problems, allergies, dietary needs, disability, special prescriptions, etc., please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I fully understand the nature of the program in which my son/daughter will be participating and hereby give my permission for \_\_\_\_\_ to take the field trip. I fully understand that my son/daughter is to abide by school policies and the school district code of conduct. I fully understand if emergency medical procedures or treatment are required during the trip and the supervisors are unable to establish communication with the Parent/Guardian listed above, we consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in their discretion

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**NO CHILD WILL BE ABLE TO ATTEND THIS FIELD TRIP WITHOUT A FULLY COMPLETED FIELD TRIP/MEDICAL PERMISSION WITH ORIGINAL PARENT SIGNATURES. NO FAXES, PHONE CALLS, ETC. WILL BE ACCEPTED IN PLACE OF THIS FORM.**