

EAST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
PERMISSION TO PARTICIPATE IN A FIELD TRIP

Dear Parent/Guardian:

If you would like your child to participate in the activity below, please complete, sign, and return the following statement of consent to the trip organizer.

Lancer Band Memorial Day Washington D.C. 5/26/24 - 5/28/24
 Activity Weekend Location Date

I give my permission for my child, _____, to participate in the event described below. I understand that this activity will take place away from school property and that my child will be under the supervision of the designated East Irondequoit Central School District employee on the date(s) stated. I understand that my child is subject to all East Irondequoit Central School District rules and regulations with respect to misconduct, the use of illegal substances, or any other violations of the school's Code of Conduct. I consent to these conditions, including the method of transportation for this field trip.

I understand that classes missed by attending this field trip (although legal) will count toward the total days of absence with regard to the Attendance Policy. I understand that an alternate assignment can take the place of this trip for academic purposes in this class.

 Print Name of Parent/Guardian

 Signature of Parent/Guardian

 Home Telephone Number

 Cell/Pager Number

 Work/Emergency Telephone Number

Jeff Holman
 Trip Organizer

PARENTS: TEAR OFF AND RETURN TOP SECTION TO TRIP ORGANIZER.
Keep bottom portion for your information.

Your child is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees of the East Irondequoit Central School District.

Activity Lancer Band Memorial Day Weekend Trip

Location Washington D.C.

Designated Supervisor Jeff Holman

Trip Organizer Jeff Holman

Date of Departure 5/26/24

Time AM - time TBD

Date of Return 5/28/24

Estimated Time PM - time TBD

Method of Transportation: Public Carrier Bus Coach Bus
 Employee Passenger Vehicle _____ Airplane _____
 Train _____ Walk _____

Student Cost (if any) \$ 50

Food Provisions Breakfast, Lunch, Dinner included

Additional Information _____

**EAST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
FIELD TRIP MEDICAL WAIVER**

Dear Parent/Guardian:

As you are well aware, there are inherent dangers in any school activity. In the case that your child does sustain an injury that requires medical attention, we wish to make every effort to reach you to obtain your opinion as to what should be done for your child. Please list below telephone numbers where you can be reached during your child's trip. However, if after our best efforts we fail to contact you, we request that you sign the medical release below to allow emergency treatment for your child.

I give my permission for my child _____ to receive emergency medical care in the event that he/she is injured or taken ill while on

Name of Event:	Lancer Band Memorial Day Weekend Trip
Dates of Event:	5/26/24 - 5/28/24
Name of School:	Eastbridge

Signature of Parent/Guardian: _____

Home Telephone Number:	() area code
Cell Number:	() area code
Work Number:	() area code
Family Physician's Name and Telephone Number	() area code
Emergency Contact - Name and Telephone Number	() area code
Medical Insurance Carrier: and ID Number:	
Special Health Concerns/Allergies:	

EAST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
MEDICAL PERMISSION FOR OVERNIGHT FIELD TRIP – PARENT/GUARDIAN

Dear Parent/Guardian:

Your child is eligible to participate in a school-sponsored field trip that will take place at a location away from the school. The activity will include an overnight stay.

According to the New York State Education Department Guidelines, all medications that are to be taken in school or on a school-sponsored activity require documentation from the student's physician and parent/guardian. Documentation is necessary for both prescription and over-the-counter/nonprescription medications.

Prescription medications must be in a properly labeled pharmacy container. Over-the-counter/nonprescription items must be in the original manufacturer's container. It is important to send only the quantity that will be *required* for the duration of the trip.

Attached is the **MEDICATION PERMISSION FOR OVERNIGHT FIELD TRIP form that must be completed by your son or daughter's physician.** This form, and the bottom portion below (to be filled out by you), need to be completed to allow the student to carry medications with him/her during this activity. Medication forms must be returned to the school nurse for review prior to the activity.

ALL students MUST return the section below AND the necessary medication forms to be allowed to participate in the activity.

MEDICATION PERMISSION FOR OVERNIGHT FIELD TRIP
(PLEASE PRINT)

Complete the information below and return to the School Nurse by _____

Student Name _____

Date of Birth _____

School _____

Grade _____

Jill Hillman
Trip Organizer

Lancaster Band Memorial Day
Activity Weekend Trip

Washington D.C.
Location

5/26/24 - 5/28/24
Date

_____ My child WILL NOT require any medication during this activity.

_____ My child WILL require medication during this activity. (Please attach physician completed MEDICATION PERMISSION FOR OVERNIGHT FIELD TRIP form.)

_____ Medication form already on file. Name of medication(s):

Parent Name _____

Parent Signature _____

Date _____

**EAST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
 MEDICATION PERMISSION FOR OVERNIGHT FIELD TRIP – PHYSICIAN**

If it is necessary for a student to take medication on an overnight trip, this form must be completed by the student's physician and the student's parent/guardian. This applies to both prescription and non-prescription medications (including Tylenol, Advil, etc.). Return this completed form to the School Nurse. There are no exceptions to this procedure. For any questions, contact the school nurse.

Prescription medications must be in a properly labeled pharmacy container. Over-the-counter/nonprescription items must be in the original manufacturer's container. It is important to send only the quantity that will be *required* for the duration of the trip.

TO BE COMPLETED BY THE STUDENT'S PHYSICIAN

_____ is under my care and requires the following medication during overnight field trips.

Diagnosis	
Name of Medication	
Dosage	
Frequency	
Possible Side Effects	

The student has been instructed in the proper use of this medication and possible side effects and should be permitted to carry the medication(s) as I consider him/her responsible. He/she has been instructed in, and understands, the purpose and appropriate method and frequency of use for the above medication(s).

Physician's Signature _____ Date _____

Physician's Name and Title (please print)

TO BE COMPLETED BY THE STUDENT'S PARENTS

I hereby request that my child _____ be allowed to carry and administer the above medication(s) as prescribed by his/her physician. He/she has been instructed in the proper use of the medication and I consider him/her responsible.

Parent/Guardian Signature _____ Date _____

**This permission covers only overnight field trips for school activities
 and must be renewed each school year.**

EAST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
FIELD TRIP PERSMISION / PRIVATE TRANSPORTATION

I give my son/daughter (name) _____
permission to participate in a class project field trip to (place)
Washington D.C. on (date) 5/26/24 - 5/28/24.

I understand that if my son/daughter travels in other than school vehicles, the responsibility for primary insurance coverage rests with the insurance company that insures the vehicles in questions.

Parent's/Guardian's Signature

Student Conduct – Overnight/Extended Trips

The parent/guardian and the student must sign the following behavioral expectations statement prior to the trip.

Student Behavioral Expectations for Overnight or Extended Trips

1. Student Behavioral Expectations for Overnight or Extended Trips
2. Students are expected to follow all school rules during the trip.
3. Students are expected to obtain assignments from their teachers for the classes that will be missed.
4. Students are expected to remain on hotel grounds during free time. At the discretion of the chaperone, students may visit each other in rooms during times designated by the chaperone. While visiting, room doors must be fully open.
5. All students are expected to follow the plans organized by the chaperones for meals.
6. Students are not allowed to distribute over-the-counter or prescription medications to another student. Students requiring medication should be referred to the designated chaperone.
7. All occupants of the room must be up and properly dressed before visitors are allowed.
8. Students may not leave their rooms after night curfew or before morning wake up (time may vary per day and students will be advised of the times).
9. Excessive noise and horseplay in the rooms or hotel corridors will not be allowed.
10. Students are not permitted to smoke or use drugs/alcohol.
11. Outside phone calls must be made from pay or cell phones.
12. No room service, pay-TV, honor bars are allowed.
13. The East Irondequoit Central School District is not responsible for the loss of any personal item.

Students who violate the East Irondequoit Central School District Code of Conduct or the Student Behavioral Expectations for Overnight or Extended Trips will be subject to disciplinary action.

Name of Student (Print)

Signature of Student

Name of Parent (Print)

Signature of Parent