

**NORTHERN YORK SCHOOL DISTRICT**  
**Field Trip Permission Form**

**Parent/Guardian Permission:**

\_\_\_\_\_, \_\_\_\_\_, has my permission to travel with  
(Student) \_\_\_\_\_ (D.O.B.) \_\_\_\_\_  
Northern York Music Department, by bus/plane,  
(Name of Organization) \_\_\_\_\_ (car, bus, train, etc.)  
on a school sponsored trip to Orlando, Florida on April 22-26, 2020  
(Place) \_\_\_\_\_ (Date) \_\_\_\_\_  
shall abide by all NYCSD policies and school rules as outlined in the student handbook.

**Emergency Contact Information:**

Contact Name(s): \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Health Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_ Type of Reaction: \_\_\_\_\_

I give my permission for my child to be taken to the nearest hospital in the event of an emergency.

**Medication:**

In accordance with NYCSD policy, only those medications currently registered with the school nurse are permitted on school-sponsored trips. A written order from the treating healthcare professional with prescriptive authority must accompany ALL requests to administer medication.

**Please Initial all that Apply:**

EpiPen     Inhaler     Insulin/Glucagon     Authorized Self-Administration  
(According to Self-Admin Board Policy)

Other Medication(s)	Dose and Time of Administration
_____	_____
_____	_____
_____	_____

- I choose that my child NOT be administered her/his routine medication(s) on this trip.  
 I choose to accompany my child on this trip to administer necessary medication(s).  
 I designate the following adult, who is a non-school personnel and who has secured the necessary clearances, to accompany my child and administer necessary medication(s) \_\_\_\_\_. I understand that I am required to provide any necessary supplies and training to the designated individual and that the school nurse may not provide training, supplies, or medications to this individual or be involved in any way in the delegation process.  
 My child will need medication(s) to be administered by the school nurse to participate.

Parent/Guardian's Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_