

# WCSD



Wallkill Central School District, 19 Main Street, PO Box 310, Wallkill, New York 12589

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## WALLKILL CENTRAL SCHOOL DISTRICT ONE DAY FIELD TRIP-EMERGENCY PERMISSION FORM

Student's Name \_\_\_\_\_ has my permission to go on a one day field trip with  
\_\_\_\_\_ to \_\_\_\_\_  
on \_\_\_\_\_ Time Leaving: \_\_\_\_\_ Time Returning: \_\_\_\_\_

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

Dear Parent/Guardian:

It is a policy at the Wallkill Central School District, in cases of an accident or emergency, to contact the parent/designee by phone before taking a student to a doctor/hospital. In the case of imminent emergency or when the parent/designee cannot be contacted, the following permission form will allow treatment to be secured for your child. Continued attempts to contact the parent/designee will of course be made until such time that they are reached.

I hereby give permission to the Wallkill Central School District and/or staff designee to transport my child to/from a doctor and/or hospital for treatment. I also give my permission to allow medical treatment in conjunction with such an emergency. In addition, I give permission to give medications that I have listed below. **PRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL CONTAINER AND LABELED FOR THE STUDENT FOR WHOM IT IS TO BE GIVEN. NO STUDENT WILL BE PERMITTED TO CARRY MEDICATION, WITH THE EXCEPTION OF EMERGENCY MEDICATION SUCH AS INHALER OR EPI-PEN, ETC.** Both a written medical permission form and release form must be signed by a parent/guardian and health care provider and returned to the health office in order for the medication to be given to or carried by the student.

<u>Medications</u>	<u>Times</u>	<u>Amounts</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Remaining medication will be given to the parent or Health Office Personnel**

### EMERGENCY CONTACT INFORMATION

Student's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
School \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
\_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_  
Other Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**HEALTH RECORDS**

1. Please list all **ALLERGIES** (food, medication, plants, insects, etc.) and include symptoms, treatment procedures, and the dates of the last reaction. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  2. Please list (with dates) any major illness/injury your child has had, past and/or present \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  3. Can you child take part in normal strenuous activity? Yes \_\_\_\_\_ No \_\_\_\_\_
  
  4. Additional comments which will assist in the response and/or injury/illness of your child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  5. All students must have updated tetanus immunization. Date of last shot: \_\_\_\_\_
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**RULES AND REGULATIONS FOR SCHOOL TRIPS**

My child and I are aware of the Student Code of Conduct as it appears in the Student Handbook and understand that the same rules are in effect while students are on field trips.

Please remind your child that they are a representative of the Wallkill Central School District and that as such, they are expected to behave in an appropriate manner at all times. Please also make sure that your child is dressed appropriately for the destination of the trip and the weather.

In signing below, I give my child permission to attend the one-day field trip specified on the front of the form.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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THE HEALTH AND EMERGENCY INFORMATION PORTIONS OF THIS FORM ARE VALID FOR ALL FIELD TRIPS/ACTIVITIES YOUR CHILD PARTICIPATES IN. PARENTS ARE ASKED TO UPDATE THE INFORMATION EVERY TEN WEEKS, OR SOONER IF NEEDED, TO ENSURE ACCURATE EMERGENCY INFORMATION.