

**Berlin Central School District
Field Trip Permission Form/Emergency Card**

Please return this permission form to _____ by _____.

Your child will be attending a field trip as follows:

Location: _____

Mode of Transportation: Berlin Central School District Transportation

When: _____

Time: Leave school: _____ **Return by:** _____

I give my child, _____, in Grade ____ permission to attend the field trip to _____ on _____. In an emergency, I give permission for my child to receive emergency medical treatment. In case of an emergency during the time of this trip, please contact:

_____ at _____.
(Please print name) (Phone)

Does your child have any serious health concerns that may require care while on this trip?
Yes No
If yes, please explain

Does your child take any prescription or over-the-counter medications on a regular basis?
Yes No

_____ I am available to attend this trip to administer medication if a nurse is not available.

_____ I am not available to attend and give permission to _____ to administer medication to my child during the trip.

Does your child have any allergies to insects, food, medication or the environment?
Yes No
If yes, please explain

EpiPen – Yes No

Parent/Guardian Signature

Parent/Guardian Name (please print) Date

**WRITTEN CONSENT MUST BE RECEIVED-TELEPHONE CONSENT WILL NOT BE ACCEPTED
AN EMERGENCY CARD MUST ALSO BE ON FILE IN THE HEALTH OFFICE**