

## White Plains City School District FIELD TRIP PERMISSION SLIP

I, \_\_\_\_\_ give permission for  
*Name of parent/legal guardian*

\_\_\_\_\_ to attend the following trip:  
*Name of student*

---

### ***Trip Itinerary and Requirements***

Attached is a list of any additional special conditions concerning this trip and any required equipment or supplies. I understand that the leaders of this trip will make every effort to reach me, but in the event that emergency treatment is necessary, I give the trip leaders the right to transport and authorize medical treatment on behalf of my child.

My child's physician is:

\_\_\_\_\_  
*Name, Address and Telephone Number of Child's Physician*

Two emergency contacts are:

\_\_\_\_\_  
*Names, Addresses and Telephone Numbers of the Emergency Contacts*

My child has the following medical conditions that would interfere with his/her participation on this trip:

\_\_\_\_\_

My child takes the following medication: \_\_\_\_\_

***Please contact the school nurse for procedures concerning medications on field trips.  
 (For foreign travel include a copy of student's passport, immunization records and any other requirements.)***

My child and I have read and understand the school's Code of Conduct. We agree to abide by these rules. I, \_\_\_\_\_ (Parent/Legal Guardian) hereby covenant and agree to release and hold harmless the WHITE PLAINS CITY SCHOOL DISTRICT from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the \_\_\_\_\_ (Name of Trip). I understand that in the event of an unforeseen circumstance, the district reserves the right to cancel this trip without notice. The district cannot be held responsible for any costs associated with the cancellation of this trip.

Parent or Legal Guardian \_\_\_\_\_  
 Date: \_\_\_\_\_ Address: \_\_\_\_\_