

**ROSLYN PUBLIC SCHOOLS**  
Roslyn, New York

Policy #4531-E2

**Roslyn Public Schools**

**Parental Field Trip Permission Slip**

My child, \_\_\_\_\_ wishes to participate in a supervised trip to \_\_\_\_\_

(Student Name)

The trip will depart from High School on, Sat 2/6/10.

(School)

(Date)

Science Olympiad  
Regional Competition  
Killarney HS  
(Destination)

As a parent of a student in the Roslyn Public Schools, I acknowledge that my child must comply with all of the school rules and regulations as outlined in the district's code of conduct.

I also agree that I have made my child aware that in the event that it becomes necessary to send him/her home I, as the parent, or another responsible adult will be picking him/her up prior to the conclusion of the trip. I agree to take full responsibility and release the district from liability in the event that it becomes necessary to send my child home prior to the conclusion of the trip.

I understand and accept the terms of this permission form, explained it to my child and agree to comply with the above understanding.

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

\_\_\_\_\_  
Date

The information listed below must be completed and returned prior to the date of the trip. If it is not completed, your child will not be permitted to attend.

Name of parent or guardian \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Name of responsible adult to be contacted in the event parent or guardian cannot be reached:

\_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_

I will inform the appropriate school personnel at least 48 hours prior to the beginning of the field trip of any special needs my child may have while participating on this field trip.

/amk

Adopted: March 2007

FIELD TRIP

EMERGENCY MEDICAL PERMISSION AND MEDICAL CONTACT FORM

DATE: \_\_\_\_\_

In my absence, I give permission for my child to be treated for any illness or accident occurring while my child is participating on a Roslyn High School trip. See below for signature and notarization.

STUDENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_ CELL/BEEPER \_\_\_\_\_

EMERGENCY CONTACT PERSON AND TELEPHONE NUMBER (S)

1. \_\_\_\_\_  
(name) (phone) (cell/beeper)

2. \_\_\_\_\_  
(name) (phone) (cell/beeper)

ALLERGIES \_\_\_\_\_

CURRENT PRESCRIPTIONS \_\_\_\_\_

OTHER MEDICATIONS \_\_\_\_\_

NOTE: Students may NOT carry or selfadminister any medication unless both parent and physician sign the self-medication release form.

MEDICAL CONDITIONS \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ROSLYN PUBLIC SCHOOLS**  
**Roslyn, New York**

**Policy #4531-E1**

**Roslyn Public Schools**

TO: All Participating in Field Trips  
FROM: Roslyn Public School Administration and Staff  
RE: School Trip Cancellation Policy

As we begin planning for field trips, it is important to understand that the safety of our students and staff is always our primary concern in any decisions that are made regarding the approval of school sanctioned trips.

The Roslyn Board of Education and administration reserve the right to, at any time, cancel or alter a field trip, and are not liable for any deposits or payments that may be lost resulting from such a decision. This cancellation or alteration may be due to any unforeseen events that in our judgment jeopardize the safety and well being of our students and staff.

Please sign and return this form to \_\_\_\_\_.

Your signature confirms that you have read the above statement and that you understand (1) that your choice to have your student participate on field trips is voluntary, (2) that you will bear the financial risk that any such trip may be cancelled by the Roslyn Public Schools, and (3) that the Roslyn Public Schools are not responsible for any deposits or payments that may be lost resulting from such a decision. If you have any questions, please contact the school's main office.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

/amk

Adopted: March 2007

**MEDICAL FORM TO BE COMPLETED BY PARENTS OR GUARDIANS**  
For New York State Science Olympiad

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Numbers (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**In an emergency, if unable to reach parent, contact**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any problems with the following, check all that apply:

	Yes	No		Yes	No		Yes	No
Asthma	___	___	Environ. Allergies	___	___	Allergy to Insects	___	___
Seizures	___	___	Hearing Loss	___	___	Sleep Walking	___	___
Diabetes	___	___	Heart Problems	___	___	Strenuous Exercise	___	___

If yes to any of these, please, explain here or on an additional page: \_\_\_\_\_

Does your child have any other serious medical problems or been under a physicians care recently?  
\_\_\_\_\_

If you answered yes to this question please explain: \_\_\_\_\_

Does your child have any: allergies to food? \_\_\_\_\_  
allergies to medications? \_\_\_\_\_  
diet restrictions? \_\_\_\_\_

Has your child received all the required immunizations? Yes \_\_\_\_\_ No \_\_\_\_\_

What was the date of the last tetanus shot? \_\_\_\_\_

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## MEDICATIONS

The student **may not** have **any** medications (pill or oral liquid) in his/her possession. This includes over-the-counter medications like Tylenol. All medications must be given to and be held by a school representative, who will administer it according to the written instructions. If students carry an inhaler please attach a note to this form so stating and indicate what may necessitate its use. **All medications must be in the original pharmacy container and must be delivered by the parent or guardian to the Science Olympiad Coach by a specified date to be announced.**

My child may have the following medication if needed. Check all that apply

Pain relief (Advil) \_\_\_\_ Cough medicine \_\_\_\_ Antacid \_\_\_\_ Other \_\_\_\_

**These should be in original container and labeled with the child's name.**

List any prescription medications your child must take on a regular schedule.

Medication	Dosage	How Often?	When?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To the best of my knowledge the above information given is correct and my child has permission to engage in all Science Olympiad activities. In case of a medical emergency, I understand that I will be notified as soon as possible by the school representative. I hereby give permission to the physician selected by the Director or his designee to hospitalize, secure treatment for and to order injections, anesthesia or surgery for my child as named above. I also give permission for my child's school representative or staff to transport my child to the hospital or medical/dental office if needed. Any directions to the contrary should be specified at the bottom of this form and signed.

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

## TALENT RELEASE FORM

Date: \_\_\_\_\_

I \_\_\_\_\_ (Talent) do hereby grant

(Print student name)

The New York State Science Olympiad (Producer) their affiliations, associations, exhibitors and distributors the full unrestricted right to the use of my picture, voice and likeness in multimedia presentations.

New York State Science Olympiad C Division State Tournament (Program Title)

Talent also agrees to hold Producer The New York State Science Olympiad, their affiliations, association, exhibitors, distributors, properties and assets harmless in an and all litigations regarding this agreement and participation in the above mentioned program and its content.

Talent: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Producer: The New York state Science Olympiad

ROSLYN PUBLIC SCHOOLS  
Roslyn, New York

Policy #4531-E3

ROSLYN PUBLIC SCHOOLS

Alternative Return Transportation Form

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
(Student's Name)

hereby notify the Roslyn Public School District that return transportation from the Roslyn Public School District school-sponsored field trip, extracurricular activity or other similar event, specifically, Sevens Olympiad Regional Competition @ Kelkenberg H.S.  
(Description of Event)

scheduled for Sat 2/6/10 will be  
(Date of Trip/Event)

provided by \_\_\_\_\_  
(Name of Return Transportation Provider)

I authorize this alternative form of return transportation and release the District from any liability which may be incurred through this alternative form of return transportation.

Date: \_\_\_\_\_, 200\_\_

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