



Field Trip and Emergency Consent Form

I am aware that the _____ will be traveling to _____
on _____. My child has my permission to travel with this group.

I, _____ (parent/guardian, please print), give permission to Cohoes City School District staff or
chaperones to act on my behalf for _____ (student name, please print), in the event of a medical
emergency.

Student date of birth _____ Home phone _____

Father's daytime number _____ Mother's daytime number _____

If parent/guardian cannot be reached in an emergency, please contact:

Name _____ phone number _____

I hereby grant permission for Cohoes City School District and its employees full authority to take whatever action they
deem necessary regarding my child's health and safety in the event I cannot be reached or in a situation where time is of
the essence: and fully release the Cohoes City School District and its employees from any liability in connection with
those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or emergency health
care facility staff if needed. Any such action will be taken in the best interests of my child and will be reported to me as
soon as possible.

In the event my child needs to be transported to a medical facility my preference is _____ (hospital)

Please indicate if your child has (check all that apply and describe below)

Asthma _____ Seizures _____ Severe Allergy _____ Diabetes _____ Drug Allergies _____

Will medication be required during the field trip? Yes _____ No _____

Describe _____

If medication is needed on a field trip the following is required:

A doctor's order and written parental permission must be on file in the health office. Self-directed students who have
permission to self-carry may do so with the medication in the original labeled container. If the self-directed student does
not have permission to self-carry, the teacher will need to carry the medication.

My signature gives permission for both the field trip and any necessary medical action.

Parent/Guardian signature _____ Date _____