

GENESEO CENTRAL SCHOOL DISTRICT
FIELD TRIP PARENT/GUARDIAN CONSENT/MEDICAL INFORMATION

Dear Parent or Guardian:

Your child's school has scheduled a field trip on **Wednesday September 18, 2019** for the entire senior class of 2020 to have their group picture taken. The students will miss their 8th period class. We will be leaving the campus at 2:05 and return by 2:35.

A special bus will go to the Mt. Morris BOCES location to pick up any students who attend afternoon BOCES classes so they will be able to participate in this event. The bus will leave BOCES at 1:40. Please call Ms. Greene-Balmer with any questions.

This photograph will be taken by Life Touch, the photography studio who takes our school portraits, club pictures, and creates our school ID cards. If you wish to purchase a copy of this picture from them, an order form is attached. Please return your order with this permission form.

Sincerely,

Heather Greene-Balmer

***** Please detach and return the bottom portion to Ms. Greene*****

FIELD TRIP PARENTAL CONSENT

I hereby give permission for my child, _____
(child's full name)

in grade 12 to participate in a school sponsored field trip to have their class of 2020 senior class photograph taken. I understand that my child will leave on **September 18, 2019** at **2:05pm** and is expected to return by **2:35pm**, the end of the school day.

MEDICAL INFORMATION

Name of family doctor _____

Doctor's phone number _____

Is your child taking any medication with him/her on the trip? _____

If so, what is it and who is expected to administer this medication? _____

Should emergency medical services be required for your child during the trip, medical personnel will be contacted immediately.

- Approval to attend field trip
- I prefer my child not participate in this field trip.

(Signature of Parent/Guardian)

(Telephone Number) (Date)