

UTICA CITY SCHOOL DISTRICT
1115 Mohawk Street
Utica, New York 13501-3709

EDUCATIONAL FIELD TRIP PERMIT

UTICA CITY SCHOOL DISTRICT

This is to certify that my child/ward _____
(student's name)

While enrolled at _____ school has my permission to participate in any and all educational field trips sponsored by his/her teachers and/or the principal of the school during the _____ - _____ school year. I understand that the school/district will assume no liability for any injuries, damages or other losses received on such trips other than those resulting from negligence of school officials.

I also give my permission for my child's/ward's teacher or principal to obtain emergency medical care for my child/ward if necessary during such field trips.

(Parent/Guardian Name-Print)

(Student's Date of Birth)

(Parent/Guardian Signature)

(Student's Doctor)

(Address)

(Home Phone)

(Student's Special Medical Conditions)

(Work Phone)

Date Signed

*Applicable to trips less than 100 miles from Utica if no overnight stay is planned.

The Utica City School District is an equal opportunity organization that does not discriminate on the basis of race, creed, sex, age, handicapping condition or national origin in admission or access to, or treatment or employment in, programs and activities.