



# Farragut Middle School

27 Farragut Avenue  
Hastings-on-Hudson, New York 10706  
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<http://www.hohschools.org>

*A National Blue Ribbon School of Excellence*

## Request for Parental Permission for Field Trip/Visitation

I give permission to the Hastings Public Schools for my son/daughter, \_\_\_\_\_, to attend a field trip /visitation to the \_\_\_\_\_ with (teacher) \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_

I understand that my son/daughter must observe the Board of Education Policy 8460 in order to participate in this activity. This includes:

1. A written permission form signed by the parent or guardian authorizing pupil participation must be completed.
2. If fees are involved, students/parents may inquire about financial assistance through the school guidance office.
3. Students who have demonstrated that they engage in disruptive or unsafe behavior to themselves and/or others may be excluded from this or future activities.

### PLEASE NOTE:

**Students are not permitted to bring any type of nut or nut product in their lunch. This precautionary measure will ensure all students safety. Thank you**

Please check off, and add any additional information, when appropriate.

- My child has the following condition(s) which requires special medical management.  
\_\_\_\_\_
- My child will require medication to be administered during the trip. The medication is \_\_\_\_\_ and should be given at \_\_\_\_\_ (My child will give the medication to \_\_\_\_\_ for safe keeping on the day(s) of the trip.)  
(name of medicine)  
time to be administered (teacher's name)

### DISMISSAL PREFERENCE

For when trips return after the school day is over.

- My child will walk home
- My child will be picked up early at \_\_\_\_\_ by \_\_\_\_\_
- My child will be picked up by \_\_\_\_\_

I hereby give permission to a staff member or a member of my child's school district to transport my child to a hospital for emergency treatment.

If you desire more information regarding this field trip/visitation, please feel free to call your child's teacher or the school principal. This form must be returned by \_\_\_\_\_ in order for your child to be eligible to participate.

**X** \_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(address)  
P:trips/parentpermissionform

\_\_\_\_\_  
Phone # where you can be reached during trip