



The mission of the Three Village Central School District, in concert with its families and community, is to provide an educational environment which will enable each student to achieve a high level of academic proficiency and to become a well-rounded individual who is an involved, responsible citizen.

**THREE VILLAGE
CENTRAL SCHOOL DISTRICT**

**Alan L. Baum, Principal
Ward Melville High School**

Dear Parent or Guardian:

Re: Parent Permission Forms for Student Field Trips and Information to Parents

The Three Village Central School District is committed to maintaining a safe, secure learning environment for our students and staff inside and outside of the school building. School field trips are a great opportunity for your son and/or daughter to add further context and substance to concepts and material learned in class. School sponsored field trips offer long-lasting positive and educational memories for students.

Members of the District Emergency Management Team carefully review and evaluate the safety of field trips outside of the Long Island region. The District reserves the right to evaluate each field trip and may implement selective cancellations based on information received from local, state and federal agencies. Safety is always our first concern and no field trip is worth endangering the welfare of our students.

The District recognizes that deposits and full payment for some trips must be made far in advance of the scheduled trip. By signing the attached one page double sided field trip permission form and returning it to the sponsoring teacher, you acknowledge the field trip may need to be cancelled. Some reasons may include but are not limited to potential security threats, foul weather, or any other circumstances that are not identifiable at this time and that deposits and payment may be unable to be partially or fully recovered.

Sincerely,

Kevin Finnerty

Kevin Finnerty
Assistant Principal

Assistant Principals: Erin Connolly, Rosanne DiBella, Kevin Finnerty

Dean: Jay Negus

380 Old Town Road ■ East Setauket, New York 11733-3499 ■ Telephone: 631-730-4900 ■ Fax: 631-730-4901

Cheryl Pedisich, **Superintendent of Schools**
Kevin Scanlon, **Assistant Superintendent for Educational Services**
Jeffrey Carlson, **Assistant Superintendent for Business Services**
Gary B. Dabrusky, Ed.D., **Assistant Superintendent for Human Resources**

FIELD TRIP PERMISSION FORM

Student Name: _____

Student Tel. #: _____

Destination: _____

Date: _____

Sponsoring Teacher: _____

Total Student Expense: \$ _____

Place of Departure: _____

Departure Time: _____

Place of Return: _____

Arrival Time: _____

I wish to have my child _____ participate in this field trip for the purpose of broadening his/her knowledge, understanding and appreciation of

MEDICAL RELEASE (print neatly please)

I, _____ give to _____, and/or
(Parent/Guardian) (Trip Advisor/ Ward Melville High School Faculty Member(s))

their designee, the right to act in *loco parentis*, including seeking and obtaining medical treatment(s), special treatment or hospitalization for my daughter/son, _____, in the
(student)

event of needed medical care during the _____
(name of field trip/event)

field trip, _____.
(dates of field trip/event)

Of course every reasonable effort will be made to contact and consult the student's parent/guardian before obtaining medical treatment.

PLEASE NOTE THAT IF THIS IS FOR AN OVERNIGHT FIELD TRIP YOU MUST SIGN THIS FORM IN THE PHYSICAL PRESENCE OF A NOTARY PUBLIC.

Parent/Guardian Signature: _____ Date: _____

Health Insurance Carrier: _____ Policy & Group #'s _____

Sworn to before me this _____ day of _____,

(Notary Seal/Signature)



Continued.....please turn over

RETURN THIS FORM TO THE SPONSORING TEACHER

FIELD TRIP PERMISSION FORM

CONTACT INFORMATION: (print neatly please)

Parent/Guardian Name:

Last, First

Contact Phone Numbers: (please include area codes)

Daytime Evening Cell

Alternative Contact Information

Last, First Relationship to Parent/Child: _____

Contact Phone Numbers:

Daytime Evening Cell

ALLERGIES, MEDICATIONS, ALLERGIC REACTIONS

If there are known ALLERGIES your child suffers from, required DAILY MEDICATIONS, OR ALLERGIC REACTIONS to any medication, please list them below. If your child has a recurring MEDICAL PROBLEM that should be aware of, please list this as well.

OTHER: (anything else we should be aware of or know about)

STUDENT CONDUCT:

I understand that my behavior reflects on Ward Melville High School and myself. I will maintain the high standards and expectations of good behavior on this trip. I will observe nightly curfew requirements; take care of personal, public, hotel, and school belongings and property, and realize that I am responsible for any loss; show respect for fellow students, teachers and other personnel; honor all requests on the part of the advisor/teacher/chaperones; travel in groups during free-time activities and whenever possible; remain together as a group with chaperones when traveling off campus/site; and adhere to the TVCSD Code of Conduct at all times. Further, I understand that any use of drugs or alcohol, or possession of drugs or drug paraphernalia or alcohol, during any part of this trip, may result in a school suspension and exclusion from participating in any sport, club activity, or field trip – including the graduation exercise and the prom. In addition, the police will be notified.

Student Signature: _____ **Date:** _____

Parent /Guardian Signature _____ **Date:** _____

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