

PAHS Publications Extended Field Trip Medical Form

Student's name _____ Age _____

Parent's Name _____ Phone Home _____ Phone Work _____

Home Address _____

Name of person to contact if parents are not available: _____

Phone Home: _____ Phone Work _____

Name of family physician: _____ Phone: _____

Medical Insurance: _____

Group Number: _____ Insured's name _____

Contract Number: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AND CIRCLE YES OR NO AS NEEDED:

1. Is your child allergic to anything such as plants, foods, insects, medicine etc.? Yes or No If yes, please explain on the back of this paper.
2. Apart from vitamins is your child taking any medication? Yes or No If yes, please explain on the back of this paper.
3. Is your child allergic to bee sting or insect bites, what procedure is required if stung or bitten? Yes or No If yes, please explain on the back of this paper.
4. Does your child have any other special health needs or problems, trip chaperons should know about? Yes or No If yes, please explain on the back of this paper.
5. Has your child had a contagious disease in the past year? Yes or No If yes, please explain on the back of this paper.
6. Has your child had any serious illnesses or operations in the past year? Yes or No If yes, please explain on the back of this paper.
7. Is your child under treatment at a hospital, clinic or doctor now? Yes or No If yes, please explain on the back of this paper.
8. Did you child receive any immunizations from your family physician in the past year? Yes or No If yes, please explain on the back of this paper.
9. Does your child have any special dietary restrictions? Yes or No If yes, please explain on the back of this paper.

I give Kathleen D. Zwiebel and/or a trip chaperon permission to seek medical care for my son/daughter _____ if needed while on the CSPA field trip.

Parent's Signature

Date

**PAHS Publications Extended Field Trip
Permission Form/Contract**

I, _____ give my permission for my son/daughter
_____ to go on the Columbia Scholastic Press Association
Convention field trip to New York City from March 17, 2010 to March 20, 2010.

PARENTS: Please initial each of the following items and sign below.

1. _____ I understand that my student must obey all trip rules and school regulations in regard to behavior, alcohol, tobacco and any other substance classified as a drug.
2. _____ I understand that my student must be with a "buddy" at all times and must be in his/her room by curfew and remain there. He/she may NOT visit other rooms after curfew.
3. _____ I understand that my student will be able to go out with a buddy in the vicinity of the hotel to the grocery store or to shop as long as he/she notifies and gets permission from his assigned chaperon before going and notifies the chaperon upon his return.
4. _____ I understand that my student will have limited free time to explore the Rockefeller Center, Columbia campus, Fifth Avenue, NYU, South Street Seaport, Chinatown and Times Square areas.
5. _____ I understand that my student must be on time for all activities.
6. _____ I understand that because this is an educational field trip my student will NOT be marked absent from school and that he/she is responsible for handing in a report covering the convention sessions attended by March 24, 2010.
7. _____ I understand that my student may NOT leave the Columbia campus during the day. Campus is designated as the area from 110th to 119th on the campus proper, on Broadway and on Amsterdam.

****If my student _____ breaks any of the trip rules, I agree to come to New York City and take my student home.**

PAHS Publications Extended Field Trip Student Contract

I, _____ agree to follow all rules and guidelines
for the Columbia Scholastic Press Association Convention field trip to New York
City from March 17, 2010 to March 20, 2010.

STUDENTS: Please initial each of the following items and sign below.

1. _____ I understand I must obey all trip rules and school regulations in regard to behavior, alcohol, tobacco and any other substance classified as a drug.
2. _____ I understand that I must be with a "buddy" at all times and must be in my room by curfew and remain there. I know that I may NOT visit other rooms after curfew.
3. _____ I understand that I will be able to go out with a buddy in the vicinity of the hotel to the grocery store or to shop as long as I notify and get permission from my assigned chaperon before going and I notify the chaperon upon my return.
4. _____ I understand that I will have limited free time to explore the Rockefeller Center, Columbia campus, Fifth Avenue, NYU, South Street Seaport, Chinatown and Times Square areas.
5. _____ I understand that I must be on time for all activities.
6. _____ I understand that because this is an educational field trip I am responsible for handing in a report covering the convention sessions attended by March 24, 2010.
7. _____ I understand that I may NOT leave the Columbia campus during the day. Campus is designated as the area from 110th to 119th on the campus proper, on Broadway and on Amsterdam.

****If I break any of the trip rules, I know that Mrs. Zwiebel will call my parents to come to New York to take me home and appropriate school punishment will follow.**