

**FIELD TRIP AUTHORIZATION FORM  
PUTNAM CITY PUBLIC SCHOOLS**

I hereby acknowledge that my child is currently a student at Putnam City Public Schools (District) and will be participating in academic or extracurricular activities at another location. I, the undersigned parent or legal guardian, give my consent for \_\_\_\_\_, to participate in school-sanctioned activities as a member of the Putnam City North Orchestra during the 2025-2026 school year. Students are subject to the school rules and regulations when participating in any off campus event with the PCN Orchestra. I understand that any student who does not conduct himself/herself properly may be: (a) sent home at the parent's expense; (b) prohibited from participating in future off-campus activities; and/or (c) subject to appropriate disciplinary action.

I hereby acknowledge that my child is currently a student at Putnam City Public Schools (District) and will be participating in academic or extracurricular activities at another location.

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Parent or Guardian Names: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

Additional Contact Person(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

List            allergies            or            special            considerations            for            your            child:

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**MEDICATION: IF your child takes medication please complete the back side of this form.**

**CONSENT:**

I understand that in the event of a medical emergency, 911/Emergency Medical Services will be called and my child will be transferred to a medical facility. I understand the arrangements and believe that the necessary precautions and plans for care and supervision of the children during the field trip will be taken. I understand that all applicable rules of the District will remain in effect during the course of the field trip and any violation of such rules will result in consequences in accordance with district policy upon return. I further understand that if my child is removed from this trip for any reason, no refunds will occur.

In consideration of the advantages of my child participating in this field trip, I hereby release the District, its officers, agents, employees, affiliates, and successors, and assigns from any and all liability, claims, and losses of every kind which I now have or which may accrue later and which relate to any action, inaction, or negligence arising out of, related to, or connected with my child's involvement in the aforementioned field trip. If my child is injured in any way during the course of the field trip, I agree to look to my own resources and/or my own insurance to cover any medical bills or other losses that I may suffer. By signing this document, I acknowledge that I have read this agreement, understand its contents, and am voluntarily agreeing to be bound by its terms and conditions. I hereby consent to my child's participation in and attendance on the aforementioned field trip.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_

**\*\*Student may print and sign above if over 18 years of age.**

### Medication

Any medications that are typically taken during the school day and will need to be taken during the course of the field trip will follow regular District procedures in regards to frequency, dosage and method of administration.

If this is a new medication that is not currently being given or kept at school, I understand that this medication must be checked in through the school nurse/health aide the day **before** the field trip and all necessary school medication forms signed and completed. School personnel will not be allowed to administer any medications which do not have a pharmacy label (or a new, unopened container of age and dose appropriate over the counter medication) and signed permission slip on file with the school nurse.

\_\_\_\_\_ **Student already has medication at school with a signed permission form.**

Signature of parent/guardian

Printed name of parent/guardian

Date

\_\_\_\_\_ **I am sending a new medication. (Please complete the next section)**

#### New Medication(s)

Fill out and return to school with your child's medicine in the most current pharmacy's **ORIGINAL** container **WITH** prescription label or with the physician's order for sample medications.

**May we have permission to contact the doctor's office to clarify this medication order?**    **Yes**                      **No**

Student:

DOB:

Medication (write med's name & strength as printed on label):

Dosage to be given at:

Med's expiration date:

Purpose of med:

Times to be given:

Doctor's name:

Phone #:

Number of pills sent to school:

Number of pills arrived at school:

Special Instructions:

Parent Signature:

Date

Nurse/Health Aide/Secretary Signature:

Date:

**Student is carrying their emergency medication on the field trip (the appropriate form with the doctor's signature is on file at the school). "I hereby release Independent School District 1 of Oklahoma County, Oklahoma, the district commonly referred to as Putnam City Schools, its officers and its employees, from any and all liability resulting from my child carrying their asthma inhaler, epinephrine injector or diabetic supplies on this field trip."**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Copies of this form should be kept on file in main office, nurses' office and with trip sponsor.**