FIELD TRIP PERMISSION FORM Instructor: Ann Kiehm Program:VAM Student: DOB has my permission to participate in a BOCES trip to Cooperstown - Art Association, photo architecture, water and wildfowl photography, Smithy gallery, Riverwood and other galleries on Main Street and off of Main Street. Exact Desitination will be determined by weather. (destination) on 5 Tuesdays in May - May 3, 10, 17, 24, 31 afternoons. BOCES transportation will be used unless otherwise noted. (date) x **DAY TRIP**. Full day trips require Home School Approval/half day trips this side only. Departure Time: 12:10 am/pm Return Time: 2:05 am/pm Students will be under direct supervision of a certified instructor and/or Licensed Teaching Assistant **MEDICAL RELEASE** I authorize the instructor in charge, or designee to seek emergency medical treatment for my child, if needed. **EMERGENCY CONTACT:** I can be reached at (Phone number) MEDICAL/HEALTH CONDITIONS: **MEDICATIONS?** Yes/No BOCES NURSE NOTIFIED? _____ Yes/No PARENT/GUARDIAN Date: