



Student name _____ Grade _____

AUTHORIZATION FOR FIELD TRIPS

Classrooms today extend beyond the physical building. Teachers recognize the values of taking students on field trips or excursions. Among other educational benefits, children get to see and hear things which cannot be brought into the classroom. On some field trips, children take school buses. On others, they walk or use other means of transportation.

If you sign the space below, your child will be allowed to join in these field trips during the current school year. However, he/she will still be given information to take home before each field trip – by note, by a school’s monthly calendar, or by some other means – to let you know the place to be visited and the date of the field trip. At that time, you may refuse to give your permission for your child to go on a specific field trip. You should know that East Aurora School District 131 is not necessarily responsible for every injury sustained by a pupil.

I have read the above information and consent to my child being taken on field trips during the school year and give my permission for my child to receive emergency medical treatment in the event I cannot be reached.

Signature of parent/guardian _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, as parent or legal guardian of student whose name is listed on this page, hereby authorize and consent to emergency medical treatment for my child. Specifically, I authorize East Aurora School District 131 employees and agents to administer any emergency medical treatment necessary for the health and welfare of my child, and/or to arrange for emergency medical treatment by a health care provider. In addition, I authorize the health care provider to provide emergency treatment that he/she deems appropriate to treat any injury sustained by my child.

I agree to hold harmless and indemnify East Aurora School District 131, its Board of Education, and the Board’s members, employees and agents, from and against any and all claims, demands, injuries, damages or causes of action, including reasonable attorneys’ fees and costs in the defense thereof, resulting from or arising out of the provision of emergency medical treatment by school personnel or a health care provider.

Signature of parent/guardian _____ Date _____

AUTHORIZATION TO RELEASE HEALTH RECORDS TO DISTRICT

I hereby authorize my child’s health care provider and previous school to release my child’s most recent physical and immunization information to East Aurora School District 131 for completion of student health records. This authorization is valid while the student is enrolled in East Aurora School District 131.

Signature of parent/guardian _____ Date _____

PESTICIDE NOTIFICATION REQUEST

East Aurora School District 131 practices Integrated Pest Management, a program that combines preventive techniques, non-chemical pest control methods, and the appropriate use of pesticides with a preference for products that are the least harmful to human health and the environment. The term “pesticide” includes insecticides, herbicides, rodenticides, and fungicides. If you have any questions or comments, please contact, Buildings and Grounds, at (630) 299-8379. The District has established a registry of people who wish to be notified prior to pesticide applications. To be included in the registry, check YES.

- Yes, I would like to be notified two days before the use of pesticides at the school.**
- No, I do NOT need to be notified before the use of pesticides at the school.**

I understand if there is a threat to health or property that requires immediate treatment, notification can be sent as soon as practical.

Signature of parent/guardian _____ Date _____