



Utica City School District
 929 York Street,
 Utica, NY 13502

Educational Field Trip Permit and Photo/Video Release Form

School: _____ Teacher: _____ Grade: _____

Transfer school: _____ Transfer Teacher _____

This is to certify that my child/ward _____

Students Printed Name

While enrolled as a student in the Utica City School District has my permission to participate in any and all educational field trips sponsored by his/her teacher and/or the principal of the school during the school year that the school/district will assume no liability for any injuries, damages or losses received on such trips other than those resulting in negligence of school officials.

I also give permission for my child's/ward's teacher or principal to obtain emergency medical care for my child if necessary during such field trips. If you have any questions, please do not hesitate to contact the school office

Please complete the following information

 Student's Name (Printed) Student's Date of Birth

 Address Home Phone Work Phone

 Student's Doctor Doctor's Phone Number

Student's Special Medical Condition, if any

*Applicable to trips less than 100 miles from Utica if no overnight stay is planned.

Our Magnet School Program includes the documentation and presentation of student work in our building which can highlight our Magnet School Theme on Channel3 Spectrum.

We, therefore, request that you sign the following permission slip. We will keep it on file in the office as a record that you are aware of our need to share student lessons and presentations through public broadcasting in school, video- taping and still photo collections. It also may include pictures/films of students for the news media.

_____ I hereby give me permission for the Utica city School District to use the image and representations of my child in school related activities including filming, photography and presentation purposes.

_____ I DO NOT give permission to have my child shown on a video, film or tv program.

Please sign below and return to homeroom teacher

 Parent/Guardian (print) Parent/Guardian (signature) Date