

## FIELD TRIP PERMISSION SLIP

I give permission for my son/daughter (identified below) to participate in this group field trip (specified below) under the supervision of his/her teacher(s).

Student Name		
Destination of Trip		
Director(s) of Trip		
Date of Trip		
Hours of Trip		
Transportation* <small>(If <b>School</b>, check <b>School</b>; if <b>Private</b>, fill out the required information.)</small>	School	
	Private Owner	Private Driver

\* The vehicle is currently state inspected and has a seat belt for each occupant. Insurance in force is that of the vehicle owner: school district insurance does not cover personal injury in a private vehicle.)

### EMERGENCY MEDICAL INFORMATION

If during the trip an emergency occurs which requires medical treatment, I give permission to have emergency medical treatment administered to my son/daughter (identified above) by a qualified physician, nurse, or first aid specialist.

Parent/Guardian's Signature:	Date:
Parent/Guardian's Home/Work Phone #:	
Medications To Which This Student Is Allergic:	
Emergency Contact Person(s):	Phone #:

Please use the reverse side of this form for any information you think the field trip director(s) should be made aware of.

### MEDICAL LIABILITY WAIVER

Please be aware, the School District does not carry medical insurance coverage for students. Should any student be injured while participating in school activities the student's own health insurance should respond to the claim. For students without health insurance the school has made arrangements for the purchase by parents of an inexpensive student accident insurance that will respond in the event of student injury. Please contact the school office for details if you are interested in purchasing this coverage. By signing below the parent acknowledges that he or she understands the above.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### TEACHER NOTIFICATION FORM

Student's Name:	Field Trip Date(s):
-----------------	---------------------

STUDENT PRIOR NOTIFICATION OF ABSENCE FROM CLASS MUST BE GIVEN. Please have each of your teachers initial this form if they are in agreement that you are up-to-date and that you have worked out a plan to make up any class work you may miss:

ART	
ENGLISH	
FOREIGN LANGUAGE	
HEALTH	
INDUSTRIAL TECH.	
MATH	

MUSIC	
SOCIAL STUDIES	
SCIENCE	
READING	
HARTFORD AREA CAREER & TECH.	
OTHER	

\*\*\* This form is to be kept by the field trip director(s) until the end of the trip.