

**NEWTOWN PUBLIC SCHOOL
NEWTOWN, CONNECTICUT
FIELD TRIP FORM**

THIS PERMISSION AND HEALTH INFORMATION FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IN ORDER FOR THE STUDENT TO ATTEND THE TRIP. PLEASE RETURN TO TEACHER.

STUDENT NAME: _____ GRADE: _____ TEACHER: _____

SCHOOL: _____ DATE OF TRIP: _____

DESCRIPTION OF TRIP: _____

DEPARTING FROM: _____ TIME: _____

RETURNING TO: _____ TIME: _____

TEACHER/SPONSOR: _____

Student's Name HAS PERMISSION TO PARTICIPATE IN THE FIELD TRIP DESCRIBED ABOVE.

Signature of parent/guardian

Date

STUDENT'S ADDRESS: _____ PHONE: _____

PARENT/GUARDIAN: WORK/CELL #: _____

EMERGENCY CONTACT/PHONE #: _____

CURRENT HEALTH INFORMATION

If your child requires any medication and/or medical treatment such as glucose testing, asthma inhalers, bee sting allergy medication, or has any known allergies, please indicate below. Authorization for all medication must be on file with the school nurse.

MEDICATION: _____

TREATMENT: _____

ALLERGIES: _____

OTHER MEDICAL INFORMATION THAT MAY BE IMPORTANT: _____

PHYSICIAN'S NAME: _____ PHONE #: _____

_____ My child does not have any medical issues or does not take medication in school.

PARENT SIGNATURE: _____