**Signed Form Due By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Homeroom # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(If there are eligibility requirements for the trip, eligibility is determined as of this form’s due date).**

# TORRINGTON PUBLIC SCHOOLS FIELD TRIP PERMISSION FORM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has our permission to attend a field trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.** We will leave at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and return on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.**

**Method of transportation: Please bring:**

Walk Car Bus Other Lunch

Special Clothing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Yes  No** Does your child have allergies and/or a medical condition that we should be aware of?

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Yes  No** Will your child need to take medication on this trip?

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you checked YES for #1 or #2 will your child require parent chaperoning or medical personnel for the duration of the trip?  **Yes  No**

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Children requiring direct parent or medical supervision:**

1. **Yes  No** I will attend the field trip, to supervise my child.
2. **Yes  No** I will also be willing to be responsible for other students besides my child.

**NOTE: A STUDENT WHO NEEDS TO TAKE MEDICATION ON A FIELD TRIP, PRESCRIPTION OR NON-PRESCRIPTION, MUST HAVE A SEPARATE SIGNED AUTHORIZED FORM FROM A PHYSICIAN AND PARENT/GUARDIAN ON FILE WITH THE NURSE FOR EACH MEDICATION. THIS FORM CAN BE OBTAINED FROM THE SCHOOL NURSE**. **No child will be allowed to take any medication WHATSOEVER without proper forms.**

***MEDICAL RELEASE IN CASE OF EMERGENCY:***

**In the event of illness or accident in the course of the above activity, I request that measures be instituted without delay as judgment of medical personnel dictates. I will, furthermore as parent or guardian, be contacted.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A second person to be contact if I cannot be reached:

Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian**

## EXTENDED FIELD TRIP

(Includes trips beyond the normal school day – i.e., 8a.m.-7p.m. or overnight)

If a field trip goes beyond the normal school hours, is there any additional information we need to know about your child?  **Yes  No**

If yes, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there medications normally taken at home which MUST be administered (different than those specified above)?  Yes  No

If yes, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_