

FIELD TRIP PERMISSION FORM

Date of Trip: Jan 5th, 12th, 19th, + 26th 2018
Feb 2nd 2018 Destination: SKI Sundown (126 Rattlum Rd.)
(New Hartford, CT)
Time of Departure: 2:30pm Place of Departure: MBA
Time of Return: 9pm Place of Return: MBA
The Group will be traveling by: Coach Bus (Post Road Stages)
(Bus/Foot/Car)

Lunch ___ will will not be provided.

Activities:

skiing / snowboarding

Parent Comment/Concerns:

Supervising Teacher(s): Jason Estes and Stacy Lyver

Date of Trip: _____ Destination: _____

Parent/guardian contact information:

Home: _____ Work: _____ Cell: _____

Alternate contact and phone number: _____

List any known allergic reactions: _____

Will student be taking any medication on this trip that has been prescribed by a physician: _____

If yes, what is that medication: _____

What was the date of the student's last tetanus shot: _____

Insurance Company: _____ Policy Number: _____

Family Doctor: _____ Phone number: _____

Name any other medical concerns: _____

I give my permission for the Somers Public Schools staff members to seek medical assistance for my child in the case of any injury or illness incurred while participating in this school-sponsored activity. If I cannot be reached to give my consent to medical personnel, this form will serve to give my permission to carry out necessary treatment. I understand that this trip begins and ends at school. I also understand that I must make provisions for the transportation of my child, from the school to our home, at the end of any educational trip that terminates after the regular school day.

Student's Name _____

Parent/Guardian Signature _____ Date _____

Teacher _____

School/Grade _____