

International Field Trip /Acknowledgement of Physician Consultation

Name of Student: _____

Field Trip Destination: _____

Dates of Field Trip: _____

The named student has elected to participate in an international field trip that was approved by the Lyme-Old Lyme Board of Education. The student and family were advised to consult their family doctor or travel clinic regarding recommendations and appropriate medical measures to protect this student's health during the trip.

The signatures below indicate that the parties have received notice and have made the appropriate decisions on behalf of the health interests of the named student.

Parent/Guardian Signature

Physician Signature

Date

Date