TRUMBULL PUBLIC SCHOOLS
FIELD TRIP/MEDICAL PERMISSION SLIP

ALL MEDICATION TO BE DISPENSED DURING THIS FIELD TRIP MUST BE IN THE NURSE'S OFFICE BY NOON ON THE DAY PRIOR TO THE FIELD TRIP OR THE STUDENT WILL NOT BE ALLOWED TO PARTICIPATE.

DATE OF APPLICATION _____

DATE OF FIELD TRIP _____ DESTINATION _____

NAME OF STUDENT _____ HOME PHONE _____
BUS Phone _____
PARENT/GUARDIAN _____ CELL PHONE _____
BUS Phone _____
PARENT/GUARDIAN _____ CELL PHONE _____

EMERGENCY TELEPHONE NUMBER

NAME _____ PHONE _____

RELATIONSHIP TO STUDENT _____

FIELD TRIP

I fully understand the nature of the program in which my son/daughter will be participating and hereby give my

permission for _____ to take the field trip. I fully understand that my son/daughter is to abide by school policies and regulations regarding conduct and use of drugs or alcohol.

I realize that my signature below relieves the Trumbull Board of Education of any financial obligations due to trip cancellation for any reason, including Board or administrative action.

_____ _____
Date Signature of Parent/Guardian

MEDICAL

If your child has any special medical problems, allergies, dietary needs, handicap, special prescriptions, etc., please list: _____
_____

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his, her or their discretion. I release and waive and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees and representatives, thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising. Parents are responsible for obtaining trip cancellation insurance and for pursuing reimbursement for a cancelled field trip from the travel agent or the travel insurance carrier.

In the event that a student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher/sponsor in charge, etc., the parent/guardian agrees to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent/guardian understand and agree to the guidelines from each teacher as to making up missed assignments.

Signature of Parent/Guardian _____

NO CHILD WILL BE ABLE TO ATTEND THIS FIELD TRIP WITHOUT A FULLY COMPLETED FIELD TRIP/MEDICAL PERMISSION WITH ORIGINAL PARENT SIGNATURES. NOFAXES, PHONE CALLS, ETC. WILL BE ACCEPTED, ONLY THIS FORM. Revised: 10/15/13