

**FIELD TRIP PERMISSION FORM**

To Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees of Saint Timothy Middle School. Related school regulations found in the *Family Handbook* apply during field trips.

Name of Event: School wide trip to the Connecticut Science Center

Destination: Connecticut Science Center, Hartford, CT

Supervisor of Activity: Mrs. Bellefleur and Faculty

Departure Date: 1/30/18 Departure Time: 8:30am Return Date: same day Return Time: 2:30pm

Method of Transportation: First Student Bus Company

Meal Arrangements: Each Student to bring a bag Lunch, no Glass Bottles Student cost of Trip \$ None

Attire: Field Trip Appropriate Casual Dress Down – no leggings or ripped jeans, appropriate t-shirts

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

I hereby consent to participation by my child, \_\_\_\_\_ in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employees on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation and student cooperation with the school regulations.

In consideration for the making of arrangements for this trip, we hereby release Saint Timothy Middle School and all of its employees from any and all liability for any and all harm arising to my/our son/daughter as a result of this trip.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please return this form by **Friday, January 26, 2018**

**COMPLETE THE REVERSE SIDE OVER →**

**MEDICAL INFORMATION AND TREATMENT PERMISSION FORM**

I hereby give authority to the Advisor in charge to grant permission to a medical doctor to examine and treat, if necessary, an injury sustained on this trip.

Type of Insurance:  Blue Cross/CMS  Connecticare  Other: \_\_\_\_\_

Insurance Membership Number: \_\_\_\_\_

Name of Personal Physician: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Are there any medical problems/allergies we should know about?  YES  NO

If yes, please state: \_\_\_\_\_

Any medications taken regularly?  YES  NO

If yes, please list "What" and "When:" \_\_\_\_\_

Is the participant diabetic?  YES  NO

If yes, please list medical procedure: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Phone – In Case of Emergency

\_\_\_\_\_  
Date

**EMERGENCY CONTACT**

In the event that you cannot be contacted at the above telephone number, please provide an emergency contact:

\_\_\_\_\_  
Name of Emergency Contact (Please Print)

\_\_\_\_\_  
Telephone Number