

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:**

Walk  Car  Bus  Other

**Please bring:**

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: \_\_\_\_\_

2.  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:**

3.  Yes  No I will attend the field trip.

4.  Yes  No I will accept full responsibility for the medical needs of my child for the duration of this field trip.

5.  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 \_\_\_\_\_

**The Torrington Public School system is not financially responsible in the event of warranted cancellations by the Board of Education, or designee, of previously approved trips. Students must follow all rules and regulations relevant to the specific trip, as well as rules specified in the building disciplinary Codes of Conduct. Students not following rules and regulations will be sent home at their parents' expense.**