



Student Name: \_\_\_\_\_

### Field Trip Permission Form: In-State

#### A. Parent/Guardian Permission to Attend the Field Trip

On April 25th, 2019, the students in Admin/Gates/Conant/Douglas's class are planning a field trip to Southwick Zoo as part of a class unit on Nature, Animals and Fun!

Date(s) (Teacher name)  
Destination

We will leave school at 1:30 and return at 6/6:15. Students will be transported by: School Bus and accompanied by chaperones. The cost of the trip for your child will be: \$20 Cash. If you need scholarship assistance to cover the cost of the trip, please let your child's teacher or principal know. Each student will need to bring: \_\_\_\_\_  
Please return this form and payment by April 12th to your child's teacher or Kate Murray at kmurray@abschools.org.

⇒ \_\_\_\_\_ ⇐ Date: April 25th, 2019  
Parent/Guardian Signature (Part A, required)

#### B. Emergency Contacts for This Trip

Emergency Contact #1 \_\_\_\_\_ phone # \_\_\_\_\_  
Emergency Contact #2 \_\_\_\_\_ phone # \_\_\_\_\_

#### C. Field Trip Medications and Authorization

List all known allergies: \_\_\_\_\_  
 This medication\* is to be administered on this field trip: \_\_\_\_\_  
medication name                      dose                      time/specific instructions

\*Administration of medication listed above will be delegated to the classroom teacher/assistant.

For **this** field trip, I give permission for my child to self-carry, and, if needed, self-administer the following:  
 Epinephrine     Inhaler     Other: \_\_\_\_\_  
 No medication required.

#### D. Medical Information Release Authorization

I authorize the personnel in charge of this field trip to release the information above to medical authorities and to obtain medical care and/or hospitalization should illness or accident occur while my child is engaged in this field trip. I accept the responsibility for payment of any medical expenses.

⇒ \_\_\_\_\_ ⇐ Date: \_\_\_\_\_  
Parent/Guardian Signature (Parts B-D, required)