

Plainville Community Schools
FIELD TRIP PERMISSION SLIP/EMERGENCY TREATMENT WAIVER

TEACHERS please complete the following:

Teacher Name _____ School _____

Field Trip Location: _____ Date of Trip _____

PARENTS/GUARDIANS please complete the following:

Student's Name _____ Grade _____ Home Phone #: _____

Mother's Name _____ /Work # () _____ Cell # () _____

Father's Name _____ /Work # () _____ Cell # () _____

Emergency Contact -Name: _____ Phone # () _____ Cell # () _____
(Other than Parent)

HEALTH INFORMATION/EMERGENCY TREATMENT WAIVER

Health Insurance Information: Plan: _____ ID #: _____

Medication(s) needed during field trip: _____
Please write "NONE" if your child is not taking any medication

NOTE: If your child is on medication during the school day, and is going to need medication during the field trip, you, the parent/guardian MUST contact the school nurse TWO WEEKS IN ADVANCE OF A DAY TRIP and THREE WEEKS IN ADVANCE OF AN OVERNIGHT TRIP to make arrangements for the administration of the medication.

Known Allergies: (food, environmental, medication) _____
Please write "NONE" if your child does not have any allergies

Asthma- _____ Yes _____ No _____

Treatment/Special Instructions: _____

- I will hold harmless the school, its agents, directors, employees, teachers and school officials for any financial liability or obligation which my child personally incurs, or injury or damage to the person or property of others which my child causes or contributes to while participating in this trip.
- I understand that my child is responsible for exercising caution and common sense at all times to avoid injuries.
- In case of a medical emergency, I hereby give permission to the chaperone to select a physician or hospital and secure proper treatment for my child.
- I hereby relieve the school district of any responsibility for damage or loss to my child's personal property.
- Should world/national events require cancellation of this field trip, the Board of Education is not responsible for lost deposits.
- I certify that I have read the information above, that all of the above information is correct, and that my child has my permission to attend the field trip described above.

Parent/Guardian Signature

Date

Attention Teachers: Copies of signed permission slips given to the principal and/or nurse prior to the trip. Originals are hand carried on the trip.

* Cell phone will be transported by teacher or chaperone for emergency outgoing calls.