

SANDY HOOK SCHOOL FIELD TRIP PERMISSION

Trip Destination/Location _____

Date of Trip _____ Grade & Classroom Teacher _____

Time of Departure _____ Time of Return _____

*Multiple trips within a season may be listed below. Parents should notify nurse & teacher of any changes in emergency information between trips.

PARENT/GUARDIAN PERMISSION

Student's full name _____ has my permission to participate in the trip(s) described above.

Parent/Guardian Signature _____

Student's home address _____

Student's home phone number _____

Emergency phone numbers: Please include all parent/guardian cell and work numbers.

HEALTH INFORMATION

Medical Conditions(asthma, allergies, diabetes, seizure disorders, etc)

Medications _____

*Please list any emergency or other medications that need to accompany your child on the trip.

Student's Physician's name and phone number _____

*This might be needed in case of an emergency.

Rev. 3/15/SC