

**NORTH HAVEN PUBLIC SCHOOLS**  
**North Haven, Connecticut**

**PARENT FIELD TRIP PERMISSION FORM**

I hereby grant permission for \_\_\_\_\_

to participate in a trip to \_\_\_\_\_ on \_\_\_\_\_.  
(location) (date)

I understand that transportation will be primarily by \_\_\_\_\_.  
(mode of transportation)

**IN CASE OF EMERGENCY PLEASE NOTIFY**

Name \_\_\_\_\_ Home/Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home/Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of choice \_\_\_\_\_ Health Insurance Company \_\_\_\_\_

Health Insurance ID# \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Date of Birth \_\_\_\_\_ Approx. Date of Last Tetanus \_\_\_\_\_

Please list any allergies \_\_\_\_\_

Please list any medication needed on this field trip \_\_\_\_\_

I will accompany my child (or authorize \_\_\_\_\_ to accompany my child) and be responsible for administering his/her medication on this trip. Yes \_\_\_\_\_ No \_\_\_\_\_

In case of an emergency, I authorize any emergency medical care deemed necessary by a physician or other licensed healthcare practitioner in the event that I cannot be reached first.

\_\_\_\_\_  
**Parent/guardian authorization signature** \_\_\_\_\_  
**Date**