

NORTH HAVEN PUBLIC SCHOOLS  
North Haven, Connecticut

PARENT FIELD TRIP PERMISSION FORM

I hereby grant permission for \_\_\_\_\_ to participate in a trip  
(name of student)

to \_\_\_\_\_ on \_\_\_\_\_  
(dates)

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

Buses will exit via Ridge Road.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Guardian)

In Case of Emergency please notify:

Name \_\_\_\_\_

Telephone \_\_\_\_\_ or

Name \_\_\_\_\_

Telephone \_\_\_\_\_

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

Telephone \_\_\_\_\_

Hospital Choice \_\_\_\_\_

Name of Accident Insurance Company / Medical Plan \_\_\_\_\_

Membership # \_\_\_\_\_

Emergency Medical Information

Date of Birth \_\_\_\_\_

Does your son/daughter have any allergy especially to insect bite or bee sting?

Medications? \_\_\_\_\_ yes \_\_\_\_\_ no

What is the allergy?

Does your son/daughter need any medications? \_\_\_\_\_ yes \_\_\_\_\_ no

What is the medication and how is it administered?

Does your son/daughter have contact lenses? \_\_\_\_\_ yes \_\_\_\_\_ no

Approximate date of last Tetanus booster \_\_\_\_\_