

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut
Field Trip Permission Slip

My son/daughter _____

Student's Name

Grade

has my permission to attend Medieval Times at Lyndhurst, NJ

Field Trip

Specific Destination

on 4/9/08, from 8:15 am to 3:00 pm

Date

Approximate Times

Cost

Mrs. Manacek

Coach Tours

Teacher(s) In Charge

Transportation

Emergency Contact

Phone No.

Parent(s) Name

Work Phone

Home Phone

Insurance: My son/daughter is covered for injury under an effective insurance policy with:

(I.D.#)

EMERGENCY MEDICAL AUTHORIZATION

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by the doctor or dentist named below, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery, if at all possible.

Doctor: _____ Phone () _____

Dentist: _____ Phone () _____

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted are:

Prescription Medication:

- **Day Trips:** Prescription medication will be dispensed by the teacher as per the Medication Authorization Form on file at school.
- **Overnight Trips:** If prescription medication or over-the-counter medication (not listed below) is to be taken, the Authorization for the Administration of Medicines by School Personnel must be completed. It is available in the nurse's office.

Non-Prescription Medications: Please check those medications you will be willing to authorize the designated teacher to administer to your child, if necessary.

_____ Acetaminophen (generic Tylenol) _____ Antacid

_____ Ibuprofen (generic Advil) _____ Benadryl

I agree that the foregoing information is correct and complete, and I agree to its implementation.

Signature of Parent/Guardian: _____ Date: _____

Important Cancellation Agreement: *In case of an emergency or an unanticipated danger, the Board reserves the right to cancel, modify, or shorten any field trip before, during, or after it has begun. Should the tour operator or other third party be unable or unwilling to refund any pre-paid costs, the Board will not be responsible for refunding any monies. While field trips are related to curriculum, there is no requirement to participate, and non-participation will not impact your child's grade.*

NOTE: Failure to complete this form in its entirety will preclude your child from eligibility to attend the applicable activity.