

Southington High School
Southington, Connecticut
FIELD TRIP PERMISSION FORM

Due to Ms. Kalinowski
(C-240) by Friday
November 18th, 2011

Date: October 4, 2011

I give my son/daughter _____ permission to go on a field trip to
(student's name)

Northeast Utilities FIRST Connecticut Regional, Hartford CT with his/her class on March 29-31, 2012. The

cost of the field trip is \$ 0. Approximate time leaving: Friday & Saturday 7:00 a.m.; returning

at Friday and Saturday 5:30 p.m.. My home phone number is _____. My work phone

number is _____. An emergency phone number is _____.

HEALTH INFORMATION

Known medical problems: _____

Medications: _____

Known allergies: _____

Physician: _____ Phone Number: _____

Hospital Choice: _____

Insurance Company: _____ Policy Number(s): _____

This permission slip also authorizes a licensed physician or other licensed medical staff to carry out emergency medical care deemed necessary for my child if I cannot be reached.

Parent/Guardian Signature

SUBJECT TEACHER PERMISSION

Any student absent from classes must have approval from the subject teacher. Please initial class period to be missed.

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Note: This permission slip is to be taken on the field trip by the teacher in charge.