

FAIRFIELD PUBLIC SCHOOLS
Fairfield, Connecticut

Permission Form - Field Trips

Due back to
HOMEROOM teacher
by Friday, May 12TH

To Parents:

Field trips are an essential although voluntary part of our educational program. During a field trip the student is a responsibility of the school and remains subject to its general control. It is hoped that this field trip will be an enriching experience for your son or daughter.

ROGER LUDLOWE MIDDLE SCHOOL

DATE OF FIELD TRIP: June 7TH, 2017

DESTINATION: Holiday Hill Recreation Area Prospect, CT.

PURPOSE OF TRIP: TEAM building / End of Year field DAY

PERSON(S) IN CHARGE OF TRIP: MEG Tiley

PERSON(S) IN CHARGE OF MEDICATIONS: MEG Tiley / 8TH grade teachers

MEANS OF TRANSPORTATION: Coach Bus

TIME OF DEPARTURE: 8:15 am WHERE: RLMS Bus Loop

APPROXIMATE RETURN TIME: 3:45 pm WHERE: RLMS Bus Loop

MEALS - ARRANGEMENTS: All day buffet included in cost *

COST OF TRIP: \$65.00 ^{Payable to} RLMS OTHER ITEMS: Towel / bathing suit

* Feel free to call Holiday Hill at (800) 533-0029 if you have specific questions about the all day buffet menu.

ALL STUDENTS WHO SELF-ADMINISTER MEDICATION MUST HAVE THAT MEDICATION WITH THEM ON THE DAY OF THE TRIP OR THEY WILL NOT BE ALLOWED TO PARTICIPATE.

----- CUT HERE. -----
RETAIN TOP FORM FOR REFERENCE

RETURN BOTTOM FORM TO THE TEACHER.

DESTINATION: Holiday Hill DATE: 6/7/17

Having read the above, I give permission for my son/daughter _____ to participate in this field trip.

Parent's Signature

If necessary, I may be reached by phone at: _____

ROGER LUDLOWE MIDDLE SCHOOL
689 Unquowa Road
Fairfield, CT 06824-5001

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ACTIVITY/FIELD TRIP Holiday Hill Recreation Area

FIELD TRIP/ACTIVITY EMERGENCY INFORMATION

To be completed by parent or guardian

Name: _____ Birthdate: _____ HR: _____ GR: _____

Parent's/Guardian: _____ Home Phone: _____

Mother's Business Phone: _____ Father's Business Phone: _____

Family Physician: _____ Preferred Hospital: _____

Emergency Phone # (Friend/Relative) _____

EXCESS MEDICAL DECLARATION

Is the student covered under any health/accident insurance prepayable plan? Yes/No _____

Name and Address of Insurance Company: _____

PARENTAL PERMISSION

I give permission for my child to participate. This permission extends to all activities whether conducted on school premises or not. The undersigned hereby agrees to indemnify and hold harmless the Town of Fairfield and the Board of Education of the Town of Fairfield and any of the employees from any claims made by or on behalf of my child or ward for any injuries sustained by him or her arising out of such activity.

Date Signed

Parent/Guardian Signature

(Please return to activity)

NOTE: This form must be filled out for any field trip or activity or portion of, involving transportation, which takes place beyond the school day, 8:10 a.m. – 2:50 p.m.

The supervisor in charge of the activity or field trip must keep a copy of this emergency information, for each child, with them during the trip.