

ROGER LUDLOWE MIDDLE SCHOOL  
689 Unquowa Road  
Fairfield, CT 06824

ACTIVITY/FIELD TRIP     **GRADE 8 TRIP**  
**APRIL 30 – May 2, 2014**

**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: \_\_\_\_\_

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**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.

***Please return by October 14, 2013***