

**ROGER LUDLOWE MIDDLE SCHOOL
689 Unquowa Road
Fairfield, CT 06824**

ACTIVITY/FIELD TRIP **GRADE 8 TRIP**
NOVEMBER 6 – NOVEMBER 7, 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: _____

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 September 12, 2014