

**NEWTOWN PUBLIC SCHOOLS
FIELD TRIP INFORMATION &
PERMISSION**

School _____ Date of Trip _____

Place and time of departure _____
Place Time

Estimated time of return _____

Method of transportation _____

Description of activity _____

Teacher/sponsor _____

PARENT/GUARDIAN PERMISSION

_____ has my permission to participate in the trip described above.
(Student)

(Signature of Parent/Guardian)

(Date)

(Student's address)

(Home phone)

(Work phone – Parent/Guardian)

(Emergency phone)

HEALTH INFORMATION (If none, please write none)

If your child requires any medication, prescription or over-the counter, and/or medical treatment such as glucose testing, asthma inhalers, EpiPen allergy medication, or has any known allergies or medical conditions, please indicate below. (Only diabetic and asthma medication and benadryl/epipen can be carried by the student.)

Medical authorization must be on file with the school nurse.

Medical Condition _____

Medication _____

Treatment _____

Allergies _____

Other medical information that may be important _____

Physician's Name: _____ Phone: _____

IF THE COST OF THIS TRIP PRESENTS A SEVERE FINANCIAL HARDSHIP, PLEASE NOTIFY THE TEACHER/SPONSOR OR THE PRINCIPAL.

THIS ENTIRE FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL BY THE DUE DATE IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THIS ACTIVITY.