

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

School \_\_\_\_\_ Date of Trip \_\_\_\_\_

Place and time of departure \_\_\_\_\_

Estimated time of return \_\_\_\_\_

Method of transportation \_\_\_\_\_

Description of activity \_\_\_\_\_

Teacher / Sponsor \_\_\_\_\_ Form due by \_\_\_\_\_

**Parent / Guardian Permission**

\_\_\_\_\_ has my permission to participate in the trip described above.  
(Student Name)

\_\_\_\_\_  
(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 and / or medical treatment such as glucose testing, asthma inhalers, bee sting medication, or has known allergies or medical conditions, please indicate below.

**MEDICAL/MEDICINE AUTHORIZATION FORM 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 the trip presents a severe financial hardship, please notify the teacher or the principal.**

**This entire form MUST be completed and returned to the school by the due date in order for the child to participate in this activity.**