

**East Windsor Public Schools**  
**Field Trip Permission Form**

Date: \_\_\_\_\_

I give my son/daughter \_\_\_\_\_ permission to go on a field  
trip to \_\_\_\_\_ with his/her class  
on \_\_\_\_\_. Rain date: \_\_\_\_\_

The cost of the field trip is \$ \_\_\_\_\_. Checks payable to: \_\_\_\_\_

Approximate time leaving is \_\_\_\_\_ and returning \_\_\_\_\_

A bag lunch is needed  Yes  No

Phone number to reach you at on the day of the field trip: \_\_\_\_\_

Secondary phone number: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**HEALTH INFORMATION**

Known medical problems \_\_\_\_\_

Medications \_\_\_\_\_

Known Allergies \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Choice \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

This permission slip also authorizes a licensed physician and other licensed medical staff to carry out emergency medical care deemed necessary for my child if I cannot be reached.

\_\_\_\_\_  
Parent/Guardian Signature