

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 \$_____.

Approximate time leaving is _____ and returning _____

A bag lunch is needed Yes No

Phone number to reach you at during the day: _____

Secondary phone number: _____

Emergency Contact _____ Phone Number _____

If your child's field trip returns after school hours please designate below who will pick your child up from the school.

Name: _____ Phone # _____

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