

# Branford High School

## Field Trip Permission Form - Medical /Emergency /Behavioral

The purpose of this form is to enable our school personnel to appropriately care for a child in the event of an accident or illness, while on a field trip. Should an emergency arise in which treatment by a qualified physician is required, I give the teacher/chaperone permission to act in my name during the duration of this trip. **EVERY EFFORT WILL BE MADE TO CONTACT PARENTS/GUARDIANS PRIOR TO MEDICAL TREATMENT.**

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Field Trip \_\_\_\_\_

Destination of Field Trip (Itinerary attached) \_\_\_\_\_

I give permission for my child \_\_\_\_\_ (name)

to receive emergency treatment. Signed \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE LIST EMERGENCY CONTACT NUMBERS FOR THIS FIELD TRIP

1. Name \_\_\_\_\_ Tel. No. \_\_\_\_\_ Cell No. \_\_\_\_\_

2. Name \_\_\_\_\_ Tel. No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Physician's name \_\_\_\_\_ Tel. No. \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Ins. No. \_\_\_\_\_

I understand that all school rules apply to all field trips and that these rules will be strictly enforced. Any violation of these rules may result in the student being sent home at the parent's expense and that other appropriate action may be taken as a consequence for the violation of these rules once the student returns to school. These consequences may include suspension from school.

To help insure an enjoyable trip for both the students and chaperones, I understand and accept that luggage/bags may need to be inspected.

My child will require the following medication on this trip \_\_\_\_\_

He/She is receiving this medication for \_\_\_\_\_

I understand all medications will be self-administered by the student with permission from the student's physician and parent. My child's medical condition requires the following medical services on this field trip:

\_\_\_\_\_

\*If your child requires medical services, the NURSE IS TO BE NOTIFIED by the parent and physician 30 DAYS before the trip so appropriate arrangements can be made. Questions should be directed to the school nurse at 315-6733.

\*This form was approved by the School Nurse (initials) \_\_\_\_\_ Date \_\_\_\_\_

I understand that it is my responsibility to provide medical insurance for my son/daughter while on this field trip. I will not hold the Branford Public School System or the Town of Branford liable for any accidents occurring outside the appropriately chaperoned areas.

\_\_\_\_\_  
(Student's signature)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)