

HAMDEN PUBLIC SCHOOLS  
PERMISSION FORM - DAY TRIP

SCHOOL: Hamden Middle School

DESTINATION: MYSTIC SEAPORT  
DATE: 11/8

6 DATE OF TRIP: 11/14, 12/14, 1/16, 2/13, 3/13, 4/10

DEPARTURE TIME: 8:30 am

RETURN TIME: 1:30 pm

TEACHER: MARZANO

HOMEROOM: 157

I hereby give my son/daughter \_\_\_\_\_ permission to participate in the field trip to the  
(Print student's first and last name)  
destination indicated above during the dates as noted. I fully understand the proper school officials have approved this trip and that my son/daughter shall abide by the rules and regulations as set forth by the school administration relative to this trip.

Should an emergency arise, I hereby give the staff in charge the permission to arrange for immediate treatment. Parent/Guardian will be notified immediately.

Information for Emergency Use:

Does your child have any health issues, including allergies?  Yes  No

If yes, please describe the health issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have medication in school?  Yes  No

Name of medication: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Parent/Guardian Name: _____
Home Address: _____
Telephone: Home: _____ Business: _____ Cell: _____

Emergency Contact Name: _____
Telephone Home: _____ Business: _____ Cell: _____

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

PERSON RESPONSIBLE FOR PICKING UP THE STUDENT: \_\_\_\_\_

Telephone/Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_