Hampden-Wilbraham Regional School District
Field Trip Permission Form

Name of Student: ______________________________ School: ______________________

Purpose: __________________________________ Supervising Teacher: ________________

Destination: ________________________________ Date of Trip: ______________________

Time of Departure: ______________________ Place of Departure: ______________________

Time of Return: ________________________ Place of Return: __________________________

The group will be traveling by: ◉ Bus ◯ Car ◯ Foot

Lunch: ◉ will be provided ◯ will **NOT** be provided Cost: ________________

**Please retain top portion**

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Field Trip Destination and Date: ____________________________________________________

Phone numbers where the parent or guardian may be reached during this field trip:
Home phone: __________________________ Work phone: ___________________________
Cell phone: ____________________________

Alternate contact and phone number: ______________________________________________

List any known allergic reactions:__________________________________________________

Will the student be taking any medication on this trip that is prescribed by a physician?
If yes, name of medication and why: _______________________________________________
______________________________________________________________________________

Doctor's Name: _______________________________ Telephone: ______________________

Insurance Company: __________________________________________________________

Any other medical concerns? ____________________________________________________

I give permission for the Hampden-Wilbraham Regional School District staff members to seek medical assistance for my child in the case of any injury or illness incurred while participating in this school sponsored activity. If I cannot be reached to give my consent to medical personnel, this form will serve to give my permission to carry out necessary treatment. I understand that this trip begins and ends at school. I also understand that I must make provisions for the transportation of my child from the school to our home at the end of any educational trip which ends after the regular school day.

Student's Name: _____________________ Grade: _____ Teacher: ___________________

Parent/Guardian Signature: _________________________________ Date: _______________