

SCHOOL FIELD TRIP PARENTAL PERMISSION FORM

Student Name:		Department:	Student Services	Date:	1/15/20
----------------------	--	--------------------	------------------	--------------	---------

DEAR PARENT/GUARDIAN:

A group of students, including your son/daughter, is planning to participate in an approved activity. Below is information concerning this event:

1) LOCATION OF EVENT:	University of Connecticut, Storrs, CT		
2) TYPE OF EVENT:	27th Annual True Colors Conference		
3) SPONSOR:	True Colors, Inc.		
4) DATE AND TIME OF DEPARTURE:	3/20/20 7:30 am	DATE AND TIME OF RETURN:	3/20/20 5:30 pm
5) METHOD OF TRAVEL:	School Bus		
6) COST (if any) TO THE STUDENT (includes transportation, fees, lunch, etc.):	\$35 (includes lunch)		



If you approve of your son's/daughter's participation in the above activity, please sign BELOW indicating your knowledge of this activity and your consent.

_____ has my permission to go on the school approved activity described above.
(STUDENT NAME)

I agree that:

- The financial obligations, if any, will be met.
- I am responsible for providing transportation home from the school at the conclusion of the trip.
- This is a school-sponsored activity and the rules of the Student Handbook are in effect for all trips including international travel.

Health Information: Please check all that apply

My child has the following health/medical problems: Asthma Allergy to: _____
 Diabetes Seizures Other health problem(s) _____

My child has an inhaler an EpiPen and/or Benadryl Diabetes testing supplies and/or medication
 Other: _____, which needs to accompany him/her on this trip.

Teacher: if any of the boxes above are checked, forward a copy of this permission form to the school nurse.

Parent: if any of the above boxes are checked please call the school nurse at 860-441-0326, ext. n/a.

PARENT/GUARDIAN SIGNATURE: _____

PRINTED NAME: _____

PHONE: () _____, () _____, () _____
HOME WORK CELL

EMERGENCY CONTACT NAME: _____

PHONE: () _____, () _____, () _____
HOME WORK CELL

Please return to:	Ms. Crandall (Front Office) for permission slip AND money	by	2 pm, 1/31/20
			DATE