

DANBURY HIGH SCHOOL

Curriculum-In-Action Field Trip Form

Student Name _____

Organization _____

Destination _____

Date(s) _____

Departure Time _____ Return Time _____

NOTICE TO TEACHERS AND PARENTS: Curriculum-In-Action Trips are an important part of education. However, deficient achievement in academic subjects as determined by teachers or parents may disqualify a student from participation in a field trip.

INFORMATION TO STUDENTS: Please obtain subject teacher's permission prior to obtaining parent's consent.

TEACHERS' PERMISSION

| <u>Subjects by Period</u> | <u>Name/Signature of Teacher</u> | <u>Remarks</u> |
|---------------------------|----------------------------------|----------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |

SIGNATURE INDICATES TEACHER HAS BEEN NOTIFIED BY STUDENT OF A FIELD TRIP.

Classroom work and/or tests must be made up by the student.

I hereby give my consent for my daughter/son to accompany the above group. I understand that he/she will travel with the group until it returns to Danbury.

Parent Signature

Date

EMERGENCY MEDICAL AUTHORIZATION FORM

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians can not be reached.

+++++

I authorize the teacher to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs.

Student Signature

Parent Signature

Phone Number

Insurance Company Name & Policy Number

Medical Alert

Please List Any Medical Conditions: _____
