

RETURN TO:

RETURN BY (Date):

**South Windsor High School**

161 Nevers Road • South Windsor, CT 06074

(860) 648-5000

**STUDENT FIELD TRIP PARTICIPATION**

**AUTHORIZATION FORM**

*(Local and U.S. Field Trips Only)*

**NO CHILD WILL BE PERMITTED TO PARTICIPATE IN A FIELD TRIP WITHOUT A SIGNED PERMISSION SLIP.  
PLEASE COMPLETE THIS FORM AND RETURN TO YOUR CHILD'S SCHOOL (WITH PAYMENT, IF APPLICABLE).**

**Student Information**

*Please print legibly.*

Student's Name: \_\_\_\_\_

Student's Grade: ☐ 9 ☐ 10 ☐ 11 ☐ 12

**Trip Information**

Field Trip Date: \_\_\_\_\_ Class/Teacher: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Cost to Student: \$ \_\_\_\_\_ Transportation: ☐ DATTCO ☐ Coach Bus ☐ Other

*Cash or check only. Made payable to child's school. Payment must be received by*

**Emergency Contact Information**

***In the event of an illness or emergency during the field trip, if school officials are unable to reach a parent or guardian, they will call the Emergency Contact(s) in PowerSchool for your child.***

Is the emergency contact information for this child current in PowerSchool? ☐ Yes ☐ No *If no, contact school office.*

Does this child have medical/health insurance? ☐ Yes ☐ No

Does this child have any medications that we need to be aware of? ☐ Yes ☐ No

If yes, are medicine authorization forms on file with the school nurse? ☐ Yes ☐ No *If no, contact school nurse.*

*Field trips are carefully planned educational experiences and are part of the curriculum. Transportation to and from the activity must be by a school provided bus. Students are not generally released during the field trip unless it is an emergency. Parents who need to pick up a child from a field trip must complete a Release of Liability/Alternate Transportation Form and submit to the building principal at least 7 days prior to the trip. A student may be denied participation on a field trip by an administrator for a specific behavioral reason(s). Students are responsible for all missed work.*

My son/daughter has my permission to travel to and participate in the school-sponsored activity outlined above. I understand that in the event of a serious accident or illness, I am giving permission for my child to be transported to the nearest emergency medical facility, and that I am responsible for all expenses. Students are reminded that all school rules are in effect during field trips. Furthermore, personal belongings lost while on a field trip or other school sponsored activity are not insured by the district.

Print Name of Parent/Guardian Completing form: \_\_\_\_\_

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

Emergency Contact Name & Phone Number (day of event): \_\_\_\_\_

Alternate Emergency Contact Name & Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

***The South Windsor Board of Education (BOE) is the sponsor of field trips. Given the uncertainty of global events and the concern for the safety of participants, the BOE reserves the right to cancel a field trip. Should any field trip be canceled for the reason of safety, the BOE, its staff and agents assume no responsibility or liability for financial loss, inconvenience, or disappointment as a result of the cancellation. If a field trip is canceled, students will not suffer negative academic consequences.***

*Rev. 1/22*