

STUDENT TRAVEL AUTHORIZATION FORM

Return Form By: 3/29/23 Field Trip Number: 5249

Student's Name: _____ Student's Cell(if available) _____

Grade(s) Participating: 9-12 Trip Destination: Boston

Mode(s) of Transportation: Bus-Commercial

Cost to Parent: Part of trip cost per student Checks to:

Trip Itinerary: No Departure Time from School: 08:30 AM Return Time: 10:00 PM

Field Trip Departure Date: 4/11/23

Name of school advisor(s) or chaperone(s):

1. Ed Matteo 2. Howard Rosenberg 3. John Mudano 4.

5. 6. 7. 8.

Special Accommodations?

Field Trip Description:

As a reminder, please notify the school's health office if there has been a change in your child's medical information/condition.

Emergency Primary Contact:

Emergency Secondary Contact:

1. Name: _____

4. Name: _____

2. Relationship: _____

5. Relationship: _____

3. Phone #: _____

6. Phone # : _____

I/We authorize the student's advisor/chaperone to act in the best interests of my/our child in the event of a medical emergency when the parent/guardian(s) cannot be reached. I give my permission for the use of any form of medical treatment deemed necessary by attending nurses and physicians and also authorize transport of my child by either private vehicle or ambulance in order to facilitate necessary treatment. I/We bear sole responsibility for damage or loss to personally owned student property and absolve the Simsbury Public School system and the Board of Education of any responsibility in this regard.

Parent/Guardian

Date

Parent/Guardian

Date

Board of Education Policy 6204 regarding field trips can be accessed at www.simsbury.k12.ct.us.

Overnight Field Trip Parent Form

Teacher: The following forms must be sent to parent/guardian(s) 30 days before an overnight trip (for out of U.S. trips, at time of deposit).

Parents/Guardians: Please return the following forms to the school 10 days before the trip (for out of U.S. trips, 30 days).

SECTION A Field Trip # 5249

1. Student name: _____

2. Student address: _____

3. Itinerary and lodging: I have received, as an attachment, a copy of the detailed trip itinerary and the lodging information.

Yes _____ No _____

4. Destination: Athletics & Student Activities

5. Date of Departure from Simsbury: 4/11/23 Date of Return to Simsbury: 4/13/23

Time of Departure from Simsbury: 08:30 AM Return Time to Simsbury: 10:00 PM

6. Reason for trip:

7. Mode(s) of Transportation: Bus-Commercial

8. Names of chaperones: Ed Matteo Howard Rosenberg John Mudano

9. Student Behavior

Student conduct while on any field trip must adhere to the recognized code of behavior appropriate for school-related activities as defined in the student handbook including possession, sale, or use of illicit drugs, and/or alcohol, or as discussed with students and parents prior to the activity.

Behavioral infractions committed prior to a field trip could result in a loss of field trip privilege, as well as any non-refundable monies paid to date on behalf of the student.

If the field trip chaperone determines a student's conduct or behavior warrants termination of his/her participation in the field trip, the student will be returned to Simsbury. Any expenses incurred for transportation of the student, and an accompanying chaperone, should this be necessary, will be paid by the parent/guardian of the student.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

10. Health Related Issues

A student who may experience serious physical or mental health issues during a field trip may need to be escorted home with a parent/guardian or if necessary a chaperone. Any expenses incurred for transportation and/or healthcare expenses not covered by insurance of the student must be paid for by the parent/guardian.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

11. Waiver of Responsibility for Personal Property

The Simsbury Public Schools assume no responsibility for personal property which is damaged, lost, or stolen while a student is on a field trip.

Parent/Guardian Signature _____ Date _____

> Student Signature _____ Date _____

12. Board of Education Responsibility for Trip Cancellation

Additional information about field trips is available in Board of Education Policy 6204 which can be accessed on the district website at www.simsbury.k12.ct.us. The Board of Education assumes no financial responsibility for reimbursement to participants if the trip is canceled as a result of concerns for students' health and safety. Further, the school district reserves the right to cancel student trips at any time, with no financial obligation on the district's part, should it be determined that world conditions will put our students, parents, and staff at risk.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

13. Board of Education Policy

Additional information about field trips is available in Board of Education Policy 6204 which can be accessed on the district website at www.simsbury.k12.ct.us.

14. Insurance Information

Medical Insurance Company: _____

Insurance Company Address: _____

Name of Policy Holder: _____

Group Number: _____ ID/Policy Number: _____

15. Emergency Medical Treatment Permission

I understand that in the event of accident or sudden illness every attempt will be made to contact me, but that it may be impossible to contact me quickly enough to authorize proper treatment for my child.

Therefore, during the period of time from _____ to _____

I give my permission to the chaperones to seek proper treatment in the event of any accident or illness, if I cannot be reached. I give my permission for the use of any form of medical treatment deemed necessary by attending nurses and physicians and also authorize transportation of my child by either private vehicle or ambulance in order to facilitate necessary treatment.

The Overnight Medical Field Trip Health Form must be completed.

Secondary Students (Grades 7 - 12):

Please complete the Authorization for Student Self-Administration of Medication on Field Trip Form, if medication, is necessary during this trip. This includes prescription and non-prescription medication, i.e. Tylenol, Advil, etc.

Elementary Students (Grades K - 6):

Please complete the Authorization for Student Self-Administration of Medication on Field Trip Form, if medication, is necessary during this trip. This includes prescription and non-prescription medication, i.e. Tylenol, Advil, etc.

Parent/Guardian Signature _____ Date _____

SECTION B

Field Trip # 5249

Student Name: _____

Parent/Guardian First Contact:

1. Name: _____

2. Relationship: _____

3. Address: _____

4. Telephone number (home): _____

5. Telephone number (work): _____

6. Telephone number (cell): _____

Parent/Guardian Second Contact:

1. Name: _____

2. Relationship: _____

3. Address: _____

4. Telephone # (home): _____

5. Telephone # (work): _____

6. Telephone # (cell): _____

Other Contacts: 13. Telephone number of two friends or relatives to call if parents/guardians cannot be reached:

Name _____ Telephone # _____ Relationship _____

Name _____ Telephone # _____ Relationship _____

14. Name and telephone number of student's physician:

Physician Name _____ Telephone # _____

15. Student's cell phone number (if available):

Student Name _____ Cell Phone # _____

Special Considerations About My Child:

16. Vegetarian: Yes No

17. Other: _____

Copies of this form will be submitted to building principal and chaperones prior to departure.

To be completed by parent or guardian:

I hereby request that the above medication, ordered by the physician/dentist for my child, be self administered by my child on this field trip. I understand that I must supply the prescribed medication in the original properly labeled container and will provide only the amount needed for this field trip.

Name: _____

Relationship to Student: _____

Signature: _____

To be completed by the School Nurse:

Reviewed by: _____

R.N. Date: _____