

**FIELD TRIP PERMISSION SLIP**

I, \_\_\_\_\_ GIVE MY PERMISSION FOR MY CHILD,  
(PRINT - Parent/Guardian)

\_\_\_\_\_ TO ATTEND THE FIELD TRIP OF THE WEEK.  
(PRINT - Child's name)

These field-trips may consist of such activities as: hiking, biking, golfing, bowling, ice skating, rollerblading, movies and/or a day at Look Park. Also, to be transported by school bus, from Town Beach to the regular site (Belchertown High School) in the event of a storm on Beach Day.

- A. parents/guardians may need to drop off and pick up their child at the field trip site
- B. parents/guardians may need to extend their child's hours on trip day.

This field trip permission slip will be valid for all weeks that my child attends the Summer D.A.Y.S. Program.

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

\_\_\_\_\_  
Date

**HEALTH/EMERGENCY INFORMATION- all spaces must be filled out**

Child's swimming ability: \_\_\_ with \_\_\_ without flotation \_\_\_Fear\_\_\_No fear of water

Parent/Guardians Name \_\_\_\_\_ Name \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

In case of Emergency (**MUST** be different from above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child currently attending a public school? \_\_\_Yes \_\_\_No  
(If no, we will need a copy of your child's immunization records)

Does your child have allergic reaction to such things as Bee Stings, etc. (if yes, do they have an epi- pen?, does child know how to administer?)

\_\_\_\_\_  
List any medical information: (allergies, asthma, food, medications, plants, etc.)

\_\_\_\_\_  
Additional information about your child you feel we should know: (shy, swims with ear plugs, car sickness, etc.)

**IN CASE OF AN EMERGENCY**, I understand every effort will be made to contact parent/guardian. In the event I cannot be reached, I hereby give my permission to the Medical personnel to treat and/or transport and/or Physician to administer any and/all medical treatment my child may require.

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

\_\_\_\_\_  
Date