FARMINGTON PUBLIC SCHOOLS.

BLANKET FIELD TRIP PERMISSION & MEDICAL CONSENT FORM
SEASONAL ACTIVITIES

For students who are part of a school sponsored activity that takes place off home school property repeatedly (i.e., sporting events, debate team, band, chorus, ski club, cheerleaders)

It will not be necessary for my son/daughter to have a permission form signed by me each time he/she leaves the home school to participate in the following activity.

__________________________________________ has my permission to participate in the off-school site of

student's name

__________________________________________ for the ___________________________ school year.

name of activity or class

The Farmington Schools’ Student Code of Conduct applies to all students during a field trip.

PLEASE PROVIDE THE FOLLOWING HEALTH INFORMATION, IF APPLICABLE:

MEDICATION

ALLERGIES

SPECIAL HANDLING

PLEASE PROVIDE THE FOLLOWING MEDICAL INSURANCE INFORMATION:

INSURED’S NAME __________________________ NAME OF INSURANCE COMPANY __________________________

CONTACT NUMBER __________________________ GROUP NUMBER __________________________

In the event of an emergency and I cannot be reached, please contact the following person:

NAME __________________________ RELATIONSHIP __________________________

PHONE(S) __________________________

I recognize that while on a field trip, medical treatment on an emergency basis may be necessary, and I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. Therefore, I do hereby consent in advance to such emergency care including hospital care as may be deemed necessary under the existing circumstances. In addition, I have discussed with my children the necessity of acting responsibly while on the trip.

In consideration of my child being able to participate in this event I relieve and hold harmless members of the Board of Education, its employees and agents for any claims, lawsuits and judgments arising out of the use and operation of a vehicle operated by my child or a vehicle operated by a fellow student, school employee or volunteer driver.

________________________________________

Parent/Guardian Signature

Home Phone

Work Phone

Cell Phone

Date

(A COPY OF THIS COMPLETED FORM MUST BE IN POSSESSION OF TEACHER/SUPERVISOR WHILE ON EVENT)

Form ST07 - 4/06