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 participa	ate in the off-school site of
student's name	for the	school vear
name of activity or class		
The Farmington Schools' Student (Code of Conduct applies to all students c	luring a field trip.
PLEASE PROVIDE THE FOLLOW	VING HEALTH INFORMATION, IF APPL	ICABLE:
MEDICATION		
ALLERGIES		
SPECIAL HANDLING	-	$\mathbf{X} = 1 + \mathbf{\hat{\Sigma}}$
PLEASE PROVIDE THE FOLLOW	VING MEDICAL INSURANCE INFORMA	TION:
INSURED'S NAME	NAME OF INSURANCE CO	MPANY
CONTRACT 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.

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Parent/Guardian Signature	Home Phone	Work Phone	Cell Phone	Date
(A COPY OF THIS COMPLETED		E IN POSSESSI N EVENT)	ON OF TEACHER	SUPERVISOF