



HOWARD LAKE
WAVERLY · WINSTED
Public Schools

Field Trip Permission Form

Student's Name: _____

Field Trip Information: During the school year various classes take field trips. Please complete and sign thus giving permission for your child to go on the field trip.

Date of Trip: _____

School: _____

Destination: _____

Please Bring: _____

Chaperone: Parents should accompany the class on field trips for added safety and supervision.

I would like to chaperone. Telephone Number _____
(you must have completed all the required materials for volunteering to attend a field trip)

Special Health Conditions: Does your child have special health conditions or a handicap which will require individual monitoring or supervision on field trip.

No, my child does not have any special health conditions or a handicap.

Yes, my child does have special health conditions or a handicap which requires special consideration.

Medications: I authorize Howard Lake-Waverly-Winsted School District to administer my child's medication on the field trip.

Name of Medication: _____

Dosage: _____

Time: _____

Permission: Please sign your permission and return to school by: _____.

Parent's Signature: _____

Emergency Contact Number: _____