

BOARD OF EDUCATION
NEW MILFORD, CONNECTICUT

NEW MILFORD HIGH SCHOOL
FIELD TRIP PERMISSION FORM

June 3, 2015

Dear Parents/Guardians:

On see dates below the **NMHS Marching Band and Color Guard** will take a field trip to **competitions/camp**. The teacher in charge of the field trip is **Mr. David Syzdek**.

Buses will leave the school at **TBD**. They will return to school at about **TBD**. Parents are requested to arrange transportation for their son or daughter to and from school on these days.

The total cost for your son or daughter will be **\$-0-** payable by check to New Milford Public Schools.

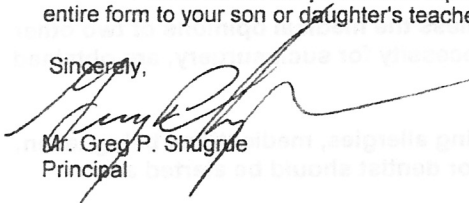
Students are required to wear clothing appropriate for this occasion.

All school rules apply to field trips. Infractions of these rules will be reported to the school administration. Appropriate action will be taken and, if necessary, will include the dismissal of a student from the field trip with notification to his/her parent or guardian and the appropriate school authorities. Please be aware that in extreme cases the parent or guardian may have to travel to the site of the field trip to transport their child home.

In case of emergency or anticipated threats, the Board of Education and its agents reserve the right to cancel, modify and/or shorten the trip. Should the tour operator or any other third party be unable or unwilling to refund any prepaid costs, the Board will not be responsible for refunding any monies. The Board's agents will attempt to assist parents in the collection of lost fees, but neither the Board nor its agents will be responsible for refunding monies.

Please fill out the permission slip below and the medical authorization on the back and return the entire form to your son or daughter's teacher no later than June 13, 2015

Sincerely,



Mr. Greg P. Shugrue
Principal

Band Camp: August 10-14, August 17-21

Football Games: September 18, October 9, October 30, November 13, November 26

**Competitions: September 12 - UConn Band Day, September 19 - Brien McMahon, September 26 - New Milford
October 3 - Bunnell, October 17 - Cheshire, October 24 - Brookfield and Danbury**

**October 31 - USBands New England Championships, Veterans Stadium, New Britain, CT
November 7 - USBands National Championships, Met Life Stadium, East Rutherford, NJ**

Parent/ Guardian Permission:

I give permission for my son/daughter _____
ID # _____ to take the school trip on dates listed above I assume full
responsibility for my son/daughter's participation in this trip.
I (can, cannot) volunteer my services as a chaperone. (Teachers will notify
volunteers selected.)

Parent's/Guardian's Signature

**PLEASE COMPLETE MEDICAL AUTHORIZATION ON BACK
AND RETURN ENTIRE FORM TO TEACHER**

NEW MILFORD HIGH SCHOOL
EMERGENCY MEDICAL AUTHORIZATION

Student Name: _____

Address: _____

Telephone #: _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority, when parents or guardians cannot be reached.

PLEASE COMPLETE PART I OR PART II
PART I (TO GRANT CONSENT)

In the event reasonable attempts to contact me at one of these telephone numbers: _____ or _____ and another parent or guardian at _____ (phone number) have been unsuccessful, I hereby give my consent for (1) the administration of treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or, in the event the designated preferred practitioner is not available, another licensed physician or dentist; and (2) the transfer of the child to New Milford Hospital or any hospital reasonably accessible.

*This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician or dentist should be alerted are:

Date: _____

Signature of Parent/Guardian: _____

Address: _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I
PART II (REFUSAL TO CONSENT)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Date: _____

Signature of Parent/Guardian: _____

Address: _____