

BOARD OF EDUCATION  
NEW MILFORD, CONNECTICUT

NEW MILFORD HIGH SCHOOL  
FIELD TRIP PERMISSION FORM

Date November 17, 2011  
Dear Parents/Guardians:

On April 26-29, 2012 the NMHS Band will take a field trip to Festivals of Music in Virginia Beach, VA. The teacher in charge of the field trip is David Syzdek.

Buses will leave the school at 5:30am on Thursday April 26<sup>th</sup>. They will return to school at 6:30am on Sunday April 29<sup>th</sup>. Parents are requested to arrange transportation for their son or daughter on both days.

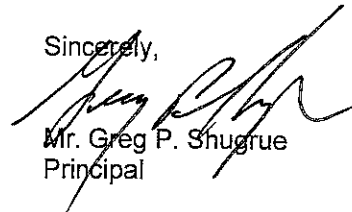
The total cost for your son or daughter will be \$480.00 payable by installments. See attached itinerary, agreement, application and emergency participant information. Please hand in the initial deposit of \$150.00 payable by check to Global Endeavors with all signed forms by December 9, 2011. All other payments will be made directly to our travel agent, Global Endeavors.

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 with the initial non-refundable deposit to your son or daughter's teacher no later than December 9, 2011.

Sincerely,



Mr. Greg P. Shugrue  
Principal

**Parent/ Guardian Permission:**

I give permission for my son/daughter \_\_\_\_\_  
ID # \_\_\_\_\_ to take the school trip on \_\_\_\_\_. 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: \_\_\_\_\_