

**NEW MILFORD HIGH SCHOOL**  
**FIELD TRIP PERMISSION FORM**

Date: \_\_\_\_\_

Dear Parents/Guardians:

On see below, the **NMHS Band and Color Guard** will take a field trip to **competitions/camp**. The teacher in charge of the field trip is **Mr. Jon Grauer**.

Buses will leave the school at TBD. They will return to school at about TBD. Parents (are, are not) requested to arrange transportation for their son or daughter from school to home on this day.

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

Students are required to wear clothing appropriate for this occasion. Lunch (should, should not) be brought from home.

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 **July 7<sup>th</sup>, 2009**.

Sincerely,  
Mr. Greg P. Shugrue  
Principal

**Rehearsals every Tuesday night starting July 7<sup>th</sup>**

**SIM Camp – August 10-14 and 18-20**

**Competitions**

Sept. 12<sup>th</sup> – Bethel  
October 3<sup>rd</sup> – Trumbull  
October 24<sup>th</sup> – TBD  
November 7<sup>th</sup> – Norwalk  
November 26<sup>th</sup> – TBD

September 26<sup>th</sup> – B. McMahon  
October 10<sup>th</sup> – Home Competition  
October 31<sup>st</sup> – Danbury  
November 14<sup>th</sup> – Championships, Bridgeport

**Football Games**

September 17th, October 2nd, October 16th, October 30th

**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.)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**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: \_\_\_\_\_

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

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: \_\_\_\_\_