

**ROCKY HILL PUBLIC SCHOOLS** Rocky Hill, Connecticut

**FIELD TRIP NOTIFICATION/PERMISSION SLIP**

Dear Parent/Guardian:

Our class has planned a field trip to \_\_\_\_\_ (location) on \_\_\_\_\_ (date)

We plan to leave school at \_\_\_\_\_ and return at approximately \_\_\_\_\_ using  
\_\_\_\_\_ transportation. The cost per student is \$ \_\_\_\_\_.

Please return the lower portion of this permission slip and money to me by \_\_\_\_\_ (date)

Checks should be made payable to the \_\_\_\_\_ School Activity Fund. The educational

purpose of this trip is as follows: \_\_\_\_\_

*At times events require the postponement or cancellation of field trip experiences planned for students. In some instances a refund is not possible. When a field trip is cancelled, all funds refunded to the school will be returned to the parents or guardians. It is not possible to provide reimbursement in the event a refund is not provided to the school for the field trip. It is important for all to understand this refund policy prior to agreeing to participate in a field trip experience.*

Please keep the top portion of this permission slip for future reference. If the field trip is postponed, you will be notified concerning new arrangements. The permission form must be signed and returned in order for your child to participate. Thank you for your assistance. \_\_\_\_\_ (Teacher)

(CUT ON THIS LINE AND RETURN LOWER PORTION TO SCHOOL)

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**FIELD TRIP PERMISSION FORM**

\_\_\_\_\_ has my permission to go on a field trip to \_\_\_\_\_  
(Student's name)

on, \_\_\_\_\_. Please sign this form granting permission and acknowledging departure/return times.

1. Does your child have any allergies and/or other health problems? \_\_\_no \_\_\_yes

If yes, please explain \_\_\_\_\_

2. Is your child currently taking any medication? \_\_\_no \_\_\_yes

If yes, please explain \_\_\_\_\_

This form must be returned to the school in order for your child to participate in this field trip.

I wish to be a chaperone for this trip [ ] Yes [ ] No Phone Number \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)