

**NEWTOWN PUBLIC SCHOOLS
FIELD TRIP INFORMATION & PERMISSION**

SCHOOL: Newtown High School Date of Trip See 2016 Fall Band & Guard Schedule

Place and time of departure : Place: NHS Time: To be determined for each event

Estimated time of return: Time varies each competition

Method of transportation: Bus

Description of activity: Marching Band & Guard Competitions

Teacher/sponsor: Kurt Eckhardt & Chris Carley

_____ has my permission to participate in the trip described above
(student)

_____ (signature of parent/guardian) _____ (date)

_____ (student's address) _____ (home phone)

_____ (work phone- parent/guardian) _____ (emergency phone)

HEALTH INFORMATION (if none, please write none)

If your child requires any medication, prescription or over the counter, and/or medical treatment such as glucose testing, asthma inhalers, EpiPen allergy medication, or has any known allergies or medical conditions, please indicate below. (Only diabetic and asthma medication and benadryl/epipen can be carried by the student)

Medical authorization must be on file with the school nurse

Medical Condition _____

Medication _____

Treatment _____

Allergies _____

Other medical information that may be important _____

Physician's name _____ Phone _____