



First Congregational Church of Southington
 37 Main Street
 Southington, CT 06489
 (860)628-6958
 Christian Education Office: extension 20

March 2003

ACTIVITY PERMISSION SLIP

I give my child _____ permission to go on a field trip to
 (student's name)
 _____ with their class on _____
 (location) [date]

Departure time: _____ Return time: _____

Date of Birth _____ Home phone number: _____

Parent 1/Work phone number: _____ Parent 2/Work phone number: _____

Parent 1/Cell Phone number: _____ Parent 2/Cell Phone number: _____

HEALTH INFORMATION

Known Medical Problems _____

Medications (name, dosage, frequency) _____

Known Allergies: To Medication _____

To Food _____ Other _____

Treatment to be given _____

Last Tetanus Toxoid (date) _____

Physician _____ Phone Number _____

Dentist _____ Phone Number _____

Hospital Choice _____

Insurance Company _____ Policy Number _____

Policy Holder _____ Employer of Policy Holder _____

In the event that the parent/guardian cannot be reached at the number above please contact the following. This person may transport my child in the case of injury/illness that does not require an ambulance.

1. Emergency contact Person _____
 [relative/friend/neighbor] [phone]

2. Emergency contact Person _____
 [relative/friend/neighbor] [phone]

In an emergency, the above named child will be transported to the nearest medical facility to obtain appropriate treatment as deemed necessary by the local ambulance service.

I hereby give permission for the provision of emergency medical treatment to _____
 In the event of injury or illness which occurs during participation in activities with the First Congregational Church.

 (parent/guardian signature) [date]

Note: A copy of this permission slip is to be taken on the field trip by the teacher/leader.