

**Health Office Field Trip Permission**  
**OXFORD HIGH SCHOOL**  
**Oxford, CT 06478**

Dear Parent:

In case of emergency, we must have the following information in our file for each person planning to participate in class trips for the 2007-2008 school year.

**Student's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

**Place of Business** \_\_\_\_\_ **Place of Business** \_\_\_\_\_

**Bus. Telephone** \_\_\_\_\_

**Cell #** \_\_\_\_\_

**Bus. Telephone** \_\_\_\_\_

**Cell #** \_\_\_\_\_

Please list the name and number of the person to be reached in the event the parents are not available.

**Emergency Contact** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Cell #** \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ If medical attention is required, you may give my child emergency first aid and have him/her treated by a physician.

\_\_\_\_\_ No, you may not take my child to a physician if necessary.

Name/type of coverage \_\_\_\_\_

Employer=s name who provides the above insurance \_\_\_\_\_

Does your child have allergies to any medication or specific health problems? \_\_\_ Yes \_\_\_ No

If yes, list \_\_\_\_\_

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

Parent/Guardian Signature

PLEASE NOTE: IF THERE ARE ANY CHANGES DURING THE SCHOOL YEAR IN THE INFORMATION LISTED ABOVE, PLEASE LET EITHER THE OFFICE OR THE NURSE KNOW.