



**POMPERAUG REGIONAL SCHOOL DISTRICT 15**

Serving the Communities of Middlebury and Southbury, Connecticut  
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**2014 – 2015 Field Trip Permission Form for Parents/Guardians**

School: Gainfield Elementary School	
Teacher(s): Mrs. Cimelus, Mrs. Horbachuk, Mr. McGee	Grade/Group: Grade 5
Date(s) of Trip: Thursday May 28th Purpose of Trip: Transition Into Middle School	Field Trip (destination): Rochambeau Middle School City and State: Southbury, CT Telephone Number: 203-264-2711
Time of Departure: 9:25 a.m.	Time of Return (approx): 11:00 a.m.
Transportation: First Student	Cost to be Paid by Students: 0
Make Checks Payable To: N/A	
Special Instructions and/or Requirements for the Trip: N/A	

**MEDICATION(S):** If your child is on medication during the school day, and is going to need medication during this field trip, **the parent/guardian must contact the school nurse, one week in advance** of this trip to make arrangements for the administration of the medication.

**PARENTS/GUARDIANS: Please complete the following:**

1. Name, address, home, work and cell phone numbers of parents/guardians:
If parent/guardian not available, please provide names of emergency contact(s) and telephone number(s):
2. Please list any medical conditions of your child which the chaperone should be aware of: <b>(write none if not applicable)</b>

**IMPORTANT NOTE:** Region 15 reserves the right to reschedule and/or cancel field trips based on travel safety at the time of the trip. If a trip has to be canceled, any deposits towards the trip may not be refunded.

- In case of emergency, I hereby give permission to the chaperone to select a physician or hospital and secure proper treatment for my child.
- All school rules are enforced during a field trip.
- The school district is relieved of any responsibility for damage or loss to student's personal property.
- Parents/guardians may be held responsible for any damages caused by their child.

<b>Parent/Guardian Signature</b>	<b>Date</b>	<b>Child's Name (please print)</b>	<b>Date of Birth</b>
<small>(Signature indicates that all of the above information is agreed to and correct.)</small>			



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**2014 – 2015 Field Trip Permission Form for Parents/Guardians**

School: Gainfield Elementary School	
Teacher(s): Mrs. Cimelus, Mrs. Horbachuk, Mr. McGee	Grade/Group: Grade 5
Date(s) of Trip: Wed. June 3 <sup>rd</sup> (Rain Date: June 4 <sup>th</sup> ) Purpose of Trip: 5 <sup>th</sup> Grade End Of Year Trip	Field Trip (destination): Edgewood Bath & Tennis Club City and State: Middlebury, CT Telephone Number: 203-528-0231
Time of Departure: 9:15 a.m.	Time of Return (approx): 3:15 p.m.
Transportation: First Student	Cost to be Paid by Students: 0
Make Checks Payable To: N/A	

**Special Instructions and/or Requirements for the Trip:**  
**My child is permitted to swim:** \_\_\_\_\_ (Parent Signature)  
**My child is not permitted to swim:** \_\_\_\_\_ (Parent Signature)

**MEDICATION(S):** If your child is on medication during the school day, and is going to need medication during this field trip, **the parent/guardian must contact the school nurse, one week in advance** of this trip to make arrangements for the administration of the medication.

**PARENTS/GUARDIANS: Please complete the following:**

1. Name, address, home, work and cell phone numbers of parents/guardians:
If parent/guardian not available, please provide names of emergency contact(s) and telephone number(s):
2. Please list any medical conditions of your child which the chaperone should be aware of: <b>(write none if not applicable)</b>

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- The school district is relieved of any responsibility for damage or loss to student's personal property.
- Parents/guardians may be held responsible for any damages caused by their child.

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Date**                      **Child's Name (please print)**                      **Date of Birth**  
 (Signature indicates that all of the above information is agreed to and correct.)



**BATH AND TENNIS CLUB**

100 N. Benson Road  
Middlebury CT 06762  
203-528-0234

[www.edgewoodbtc.com](http://www.edgewoodbtc.com)

## MINOR RELEASE

I, THE PARENT AND/OR LEGAL GUARDIAN OF \_\_\_\_\_, UNDERSTAND THE NATURE OF TENNIS, SWIMMING EXERCISE ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EDGEWOOD BATH & TENNIS CLUB FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, IF, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State) (Zip)

Phone: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

\_\_\_\_\_

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



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**2014 – 2015 Field Trip Permission Form for Parents/Guardians**

School: <b>Gainfield Elementary School</b>	
Teacher(s): <b>Mrs. Parker</b>	Grade/Group: <b>Mr. McGee's Class, Grade Five</b>
Date(s) of Trip: <b>Wednesday, June 10th</b>	Field Trip Destination (name of facility/location): <b>Southbury Public Library</b>
Purpose of Trip: <b>Tour of SPL, learn about summer programming, check out books</b>	City and State: <b>Southbury, CT</b>
Student Pre-Trip Activities: <b>organization of libraries, pleasure reading</b>	Telephone Number: <b>203-262-0626</b>
Time of Departure: <b>10:10 am</b>	Time of Return (approx): <b>10:50 am</b>
Transportation provided by: <b>N/A We will be walking.</b>	Total Cost to be Paid by Students: <b>N/A</b>
Make Checks Payable To: <b>N/A</b>	

*Special Instructions and/or Requirements: Please dress appropriately. We will be walking to the library during your child's regularly scheduled library class. We will only cancel in the case of a downpour. DO NOT bring your public library card.*

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**PARENTS/GUARDIANS: Please complete the following:**

1. Name, address, home, work and cell phone numbers of parents/guardians:
If parent/guardian not available, please provide names of emergency contact(s) and telephone number(s):
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- Parents/guardians may be held responsible for any damages caused by their child.

**Parent/Guardian Signature**      **Date**      **Child's Name (please print)**      **Date of Birth**  
(Signature indicates that all of the above information is agreed to and correct.)



May 8, 2015

Dear Parents of Fifth Graders,

Your child's class will soon be visiting the Southbury Public Library with his/her library class. The children will meet Mrs. Stokes and Ms. Aronson, take a tour of the teen department, and learn about summer programs. They will also have an opportunity to borrow a book from the public library. (Please **do not** send in your child's library card. He/she will not need it for this visit).

There are some children who do not have a library card to date. If this pertains to your child, a form is attached to this letter for you to fill out. Please return this form, along with the attached permission slip to me by **Monday, May 18<sup>th</sup>**.

Also, if your child has overdue books at the public library he/she will not be able to take out a new book. Again, if this pertains to your child, I have attached a notice to this letter and you can return the book(s) to the public library before our trip.

The children and I are looking forward to the visit. Thank you for your help!

Sincerely,

Christine Parker  
Media Specialist