

**CONNECTICUT 4-H
PERMISSION FORM FOR FIELD TRIPS AND ACTIVITIES**

Field Trip or Activity _____

Location of field trip or activity: _____

Date(s) of field trip or activity: _____

Time of departure: _____

Time of expected return: _____

Person in charge of field trip or activity: _____

I understand that my child _____ is participating in the above described field trip or activity and has my permission to do so.

Parent/Guardian Name and Number: _____

Emergency Contact Name and Number: _____

Does your child have any allergies? Please list:

Does your child need medication that he/she can self-administer? If yes what is it?

Name of person picking up your child on field trip day _____

Cell phone number _____

Parent/Guardian Signature

Date