



**HAMILTON**  
INTERNATIONAL  
MIDDLE SCHOOL

STUDENT NAME (PLEASE PRINT)

LAST NAME

FIRST NAME

GRADE

## WALKING FIELD TRIP FORM

### PLEASE RETURN IN YOUR FIRST-DAY PACKET.

I give permission for my student to participate in an occasional walking field trip in and around the Hamilton (Wallingford) neighborhood with their Hamilton teacher(s) during the 2018-2019 school year. This may include walking to Gasworks Park, Wallingford Park and lower Woodland Park. I am aware of any special dangers and risks inherent in participating in this activity. My student has my permission to leave the school grounds with their class on a walking field trip to destinations near Hamilton.

PARENT/GUARDIAN NAME (PRINT CLEARLY)

PARENT/GUARDIAN SIGNATURE

DATE

EMERGENCY CONTACT NAME (PLEASE PRINT)

RELATIONSHIP

TELEPHONE

### MEDICAL CONDITION/ALLERGY:

Please tell us if your student has a medical condition or allergy we should know about. We need know about allergies to medicine, food (peanuts, treenuts, shellfish, etc), bee stings, etc and/or if your student has seizures, a heart condition, asthma or any other condition.

NONE

HAS MEDICAL  
CONDITION/ALLERGY:

### MEDICAL RELEASE

IN CASE OF AN EMERGENCY, I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ authorize and consent to emergency medical, surgical, hospital care, treatment and procedures deemed immediately necessary by a physician to safeguard my child's health if I cannot be contacted. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent form to be treated with the same authority as the original.

PARENT/GUARDIAN SIGNATURE

DATE

Students not participating on the field trip will remain at school in teacher-supervised classrooms.