



# Orville H. Platt High School

Principal, Robert L. Montemurro 220 Coe Avenue, Meriden, CT 06451  
Assistant Principal, Geoffrey Kenyon (203) 235-7962 Fax (203) 630-4011  
Assistant Principal, Heather Verdi

## FIELD TRIP PERMISSION SLIP

STUDENT'S NAME \_\_\_\_\_

Dear Parent,

\_\_\_\_\_ of Platt High School is planning a trip on \_\_\_\_\_ to \_\_\_\_\_.

Students will leave the school at \_\_\_\_\_ and return at approximately \_\_\_\_\_. Transportation will be by \_\_\_\_\_ and the cost per student will be \_\_\_\_\_. If you wish your child to take part in this trip, please sign this letter and return it to the school no later than \_\_\_\_\_. *Please be advised, school officials reserve the right to search student baggage, rooms and any personal belongings at any time deemed necessary, including but not limited to general searches prior to departure.*

Teacher \_\_\_\_\_

Parent Signature \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

### STUDENT SECTION

**I REALIZE FIELD TRIPS ARE A PRIVILEGE.** All students will be allowed to participate in a field trip only if it's part of the class curriculum. In all other circumstances, student will be allowed to participate in field trips if they:

**ARE MAINTAINING PASSING GRADES IN ALL COURSES**  
**DO NOT HAVE ANY CURRENT DISCIPLINE REFERRALS**  
**ARE MEETING CLASS EXPECTATIONS TO ATTEND FIELD TRIPS**  
**AGREE TO MAKE UP ANY WORK MISSED IN OTHER CLASSES**  
**FOLLOW ALL SCHOOL RULES WHILE ON THE FIELD TRIP**

Any exceptions to these rules must be approved by administration.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Statement of Core Values and Beliefs**

The O. H. Platt High School community believes all students deserve a learning environment in which to achieve their full academic, civic, and social potential. Students must have a physically and emotionally safe, disciplined atmosphere in which they are motivated to set goals, make responsible decisions, and enjoy success. Our multicultural society develops independent, creative, resilient learners and thinkers. With support of school faculty, family, and members of our community, Platt students will become confident, self-sustaining adults who contribute to society.

EMERGENCY TREATMENT PERMIT  
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency requiring medical attention, I hereby grant permission to a physician

or other hospital personnel to attend my son/daughter \_\_\_\_\_  
(Name)

I expect every effort will be made to contact me in order to receive my specific authorization before any further treatment or hospitalization is undertaken.

(Signature of parent) \_\_\_\_\_

(Address) \_\_\_\_\_

(Home Phone) \_\_\_\_\_

(Business Phone) \_\_\_\_\_

Medical Insurance Company - Number & Name of Policy Holder \_\_\_\_\_

\_\_\_\_\_  
(Family Doctor) \_\_\_\_\_ (Phone) \_\_\_\_\_

(Family Doctor) \_\_\_\_\_ (Phone) \_\_\_\_\_

STUDENT HEALTH INFO

Allergy to medication \_\_\_\_\_

Taking any medication \_\_\_\_\_

Any known medical problems \_\_\_\_\_

Last Tetanus shot \_\_\_\_\_