PEQUANNOCK TOWNSHIP PUBLIC SCHOOLS
Pompton Plains, New Jersey 07444

PERMISSION FOR OVERNIGHT FIELD TRIP

Student _____

DESTINATION _____

DATE OF TRIP: _____

TIME: _____ _____ _____
Departure Return Grade/Subject/Activity

SPONSORS: _____ _____ _____
Department/Organization Faculty Member in Charge Faculty Member(s) Assisting

In the event of an emergency, a parent/guardian can be reached at the following number:

_____ ( ) _____ ( ) _____
Name of Parent/Guardian Home Phone Number Business Phone & Extension

_____ ( ) _____ ( ) _____
Name of Additional Contact Person Home Phone Number Business Phone & Extension

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I hereby give permission for my son (s)/daughter (s) _____ to accompany the

_____ to _____, from _____

through_____.

_____ _____
Parent's/Guardian's Signature Date

I _____ hereby agree to adhere to all of the rules and regulations, set forth for student trips, as outlined in the P.T.H.S. Student Handbook.

_____ _____
Student's Signature Date

PERMISSION TO OBTAIN MEDICAL HELP

Student _____

Please complete the following information for each student attending the trip:
If the student is using any medication, either prescription or over the counter, please list below: _____

_____

_____

Any other medical information you think might be of help: _____

_____

_____

I give permission to the trip leader to seek emergency medical treatment for my son(s)/daughter(s).

_____ _____ _____
Student's Signature Parent's/Guardian's Signature Date

This form is required to assure the safety of students who are participating in the trip. Failure to complete entire form will cause student to be excluded from the field trip.

CO #112A 10/91