

Pequannock Township Public Schools
Permission Form for Overnight Field Trip
Pompton Plains, New Jersey 07444

This form must be completed and signed by parent/guardian. This form is required to assure safety of students who are participating in the trip.

Student's name: _____

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:

Name of parent/guardian: _____ Phone:(Cell/House) _____

Name of parent/guardian: _____ Phone:(Cell/House) _____

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

**I informed the school of any medical condition(s) which could affect my child during this field trip.
List of my child's medications (if any) was provided.**

_____	_____	_____
Print Parent's/Guardian's Name	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 PTHS Student Handbook.

_____	_____	_____
Print Student's Name	Student's Signature	Date