

PEQUANNOCK TOWNSHIP SCHOOL DISTRICT

Pompton Plains, New Jersey 07444

PERMISSION FOR FIELD TRIP

(This form is required to assure the safety of students who are participating in the trip.)

Destination: _____

_____ City _____ State

Date of Trip: _____ **Travel Via:** _____

Departure Time: _____ **Return Time:** _____

Grade: _____ **Teachers:** _____

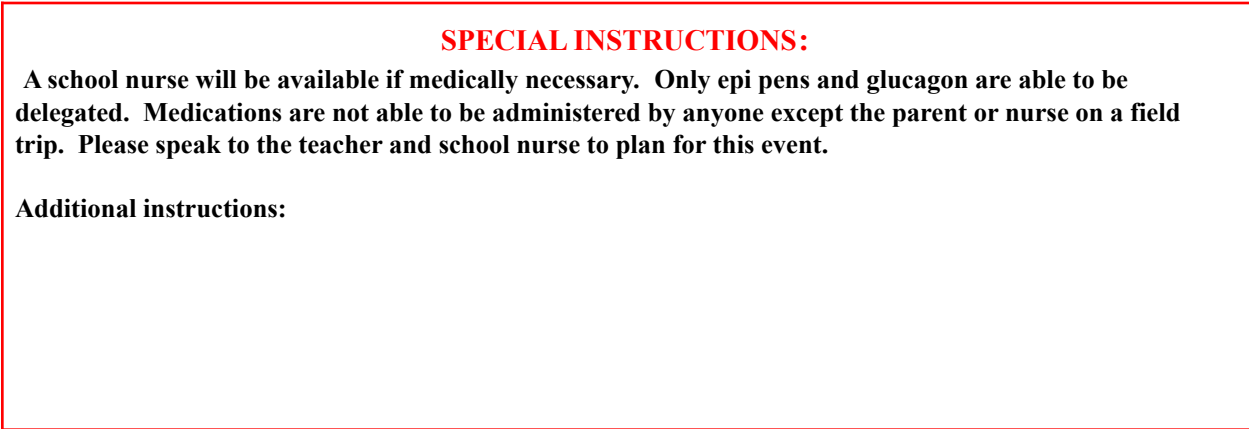
Student Cost: \$ _____

Please send in cash or checks made payable to: _____

SPECIAL INSTRUCTIONS:

A school nurse will be available if medically necessary. Only epi pens and glucagon are able to be delegated. Medications are not able to be administered by anyone except the parent or nurse on a field trip. Please speak to the teacher and school nurse to plan for this event.

Additional instructions:



*****Please cut below and return bottom portion to teacher by:** _____ *******

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

_____ **Name of Parent/Guardian** _____ **Phone Number (including area code & extension)**

I have informed the school of any medical condition that could affect my child during this field trip.

_____ **Name of Student** _____ **Signature of Parent/Guardian**

_____ **Name of Teacher/Class** _____ **Date**

Name/Date of Trip: _____