

**Pennsauken Public Schools
PENNSAUKEN HIGH SCHOOL
800 Hylton Road
Pennsauken, NJ 08110**

FIELD TRIP PERMISSION FORM

Richard Bonkowski
Principal

(856) 662-8500
Fax: (856) 910-2623

Participant Name: _____

Grade: _____

Guidelines

To be eligible to participate in Pennsauken High School student activities and field trips, students are expected to maintain Satisfactory progress in the following areas:

- Attendance - Student absences and lateness must fall within credit status.
- Discipline - Student must not have no greater than two Tier 1 or one Tier 2 OSS per semester.
- Academic Progress - Student must maintain satisfactory academic progress.

Field Trip Information

DESTINATION: National Museum of African-American History and Culture

DATE OF TRIP: Saturday, March 22, 2025

COST(S): \$20 per person

DEPARTURE TIME/PLACE: 9:30am at rear of PHS

RETURN TIME/PLACE: 8:30pm at rear of PHS

TEACHER(S) IN CHARGE: Mrs. Freeman and Ms. Russell

Permission

I give permission for my child (named above) to attend the field trip (named above) with Pennsauken High School. I further give permission for my child to be transported to and from this event by Pennsauken High School Transportation.

Printed name of Parent or Guardian

Signature of Parent or Legal Guardian

Date: _____

Contact Number: _____

Contact Email: _____

Pennsauken High School

Emergency Information Form PLEASE PRINT

Birth Date _____ Grade _____ Student ID# _____

Student's Name _____ Home Phone _____

Address _____ Zip Code _____ Student Cell # _____

Father's/Guardian Name _____ Employer's Name _____ Phone # _____

Mother's Guardian Name _____ Employer's Name _____ Phone # _____

Father's Cell # _____ Mother's Cell # _____

Please list neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

First Choice: Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Second Choice: Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Family Doctor: Name _____ Office Phone _____

Hospital of Choice: _____

Health Information (include allergies, chronic health conditions): _____

Does your child take any medication on a daily basis at home (prescription or non-prescription)? If yes, please give the name and dosage of medication. _____

Does your child have on file with the school nurse self-medication orders for the **2024-2025** school year (applies to Epi-pen and asthma inhalers only)? _____

***NOTE: ALL REQUIRED MEDICATION(S) WILL ONLY BE ADMINISTERED FOLLOWING PENNSAUKEN BOARD OF EDUCATION MEDICATION POLICY REQUIREMENTS.**

Healthcare Insurance Information:

Provider: _____

Policy #: _____ Group #: _____

Primary Insurer's Name: _____

In the case of an accident or serious illness, I request the trip leader, or other school personnel contact me. If the school is unable to reach me, I hereby authorize the school to call the physician listed above and follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary. I understand that relevant information regarding my child's health may be shared with appropriate school personnel and other health care providers as necessary.

Signature of Parent/Guardian: _____ Date _____

