

PEQUANNOCK TOWNSHIP SCHOOL DISTRICT

Pompton Plains, New Jersey 07444

PERMISSION FOR OVERNIGHT FIELD TRIP

This signed form is required to ensure the safety of students who are participating in the trip.

Student's Name: _____

School: _____

Destination: _____

Date of trip: _____

Time: _____
Departure Return Grade/Subject/Activity

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(s):

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

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

I hereby give my child permission to attend the field trip. I have informed the school of any medical condition(s) that could affect my child. A list of my child's medications, if any, has been provided.

Print Parent/Guardian Name Parent/Guardian Signature Date

I hereby agree to adhere to all of the rules and regulations outlined in the student handbook.

Print Student Name Student Signature Date