UNION COUNTY PUBLIC SCHOOLS
2026-2027 FIELD TRIP PARENT/GUARDIAN PERMISSION FORM

FIELD TRIP INFORMATION

Destination/Purpose of Trip: _____ **Date of Trip:** _____

Roundtrip Mileage: _____ **Departure Time:** _____ ☐ AM ☐ PM **Return Time:** _____ ☐ AM ☐ PM

Mode of Transportation: _____ **Transportation Cost to Student:** $_____

Admission Cost to Student: $_____ **Other Costs (Itemized):** $_____ **Total Cost to Student:** $_____

Additional Information: _____ **Please return form to:** _____ **by:** _____

This field trip is (select one):
☐ Refundable ☐ Non-refundable

Preferred Payment Method: Online payment https://900.ncsis.gov/campus/portal/parents/psu900unionco.jsp
*From the UCPS Home Page or school site, select **Students and Families > Payments**.*

Parent/Guardian: This permission slip must be filled out completely, including signature and telephone numbers. Keep the above information for your records.
***** TEACHER SHOULD RETAIN ORIGINAL OF THIS FORM AND A COPY MUST BE PROVIDED TO THE BOOKKEEPER*****

STUDENT AND PARENT/GUARDIAN INFORMATION

Destination: _____ **Date of Trip:** _____

Student Name: _____ **Teacher Name:** _____ **Grade:** _____

Parent/Guardian Name: _____ **Parent/Guardian Cell #(s):** _____

Home Address: _____

Place of Employment: _____ **Phone:** _____ **Emergency Contact:** _____ **Phone:** _____

Family Physician: _____ **Phone:** _____ **Student Insurance Purchased (Optional):** ☐ Yes ☐ No

MEDICATION INFORMATION

☐ **My child WILL REQUIRE medication** (prescription or otherwise) on this trip and a current Medication Consent is on file at the school. If applicable, I have provided a current Emergency Medication Self-Carry Authorization, and it is also on file at the school.

☐ **My child WILL REQUIRE medication** (prescription or otherwise) on this trip, and I will provide a new Medication Consent, with physician's signature, to the School Nurse prior to the date of the trip on this form. If applicable, I will also provide an Emergency Medication Self-Carry Authorization, with physician's signature, for my child.

☐ **My child WILL NOT require medication** (prescription or otherwise) on this trip.

Please provide any relevant allergies or additional chronic medical condition information: _____

FIELD TRIP CANCELLATION POLICY

The Superintendent reserves the right to cancel field trips with little or no notice due to security or safety concerns issued by the following entities:

a. U.S. Department of State (travel alerts and warnings)
b. The National Terrorism Advisory System (Imminent Threat or Elevated Threat warnings)
c. Centers for Disease Control and Prevention (Watch Level 1, Alert Level 2, Warning Level 3)
d. National Weather Service
e. National Oceanic and Atmospheric Administration
f. Other emergencies deemed as critical by the Superintendent

In the event of cancellation by the Superintendent, UCPS has no obligation to refund fees or deposits paid to travel agencies or providers of transportation, lodging, or other trip-related services. Parents are responsible for payment of such fees by travel companies and waive any claims against the district for cancellation.

PARENT/GUARDIAN AUTHORIZATION

☐ **I hereby give permission for my child, _____, to accompany the group on the field trip described above.** I hereby authorize emergency or other medical treatment as deemed necessary, and I hereby assume all costs of such treatment. I agree to be responsible for and to pay all costs, including but not limited to, my son/daughter's medical, optical, dental, pharmaceutical, and similar services incurred while traveling if such are not covered by my child's individual health insurance or the required supplemental travel insurance, or if my child is uninsured. I also understand and agree that I may be required to pay for covered services at the time of service and receive reimbursement from insurance thereafter. I certify that my child is in good health and can participate in all the normal activities of the group.

☐ **I do not wish my child, _____, to accompany your group on the field trip described above.**

SIGNATURE

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date Signed:** _____