

**SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS  
FIELD TRIP PERMISSION SLIP**

p. 1 of 2

**Directions:** Please complete all sections of the permission form and turn it in to your teacher/advisor 10 days prior to the trip.

**SECTION 1:**

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Destination/Activity: Walking to Kramer Park on Evelyn St. for McGinn Field Day

Date of Trip: 5/26/17 raindate  
6/9/17 Time of Departure: 9:15 a.m. Time of Return: 2:30 p.m.

1. Students participating in a school field trip are to observe all school behavior expectations.
2. Student luggage and lodging rooms are subject to inspection and search at any time by school officials.
3. It is the student's responsibility to arrange for missed work resulting from this field trip.
4. I understand that this form must be completed and turned in to the teacher/advisor at least 10 days prior to the field trip.

Please list all information that medical providers, staff and chaperones may need to know for the proper care of your child in case of an emergency:

\_\_\_\_\_ Asthma Inhaler: \_\_\_\_\_  
\_\_\_\_\_ Allergies List: \_\_\_\_\_  
\_\_\_\_\_ Heart Murmur \_\_\_\_\_  
\_\_\_\_\_ Seizures Explain: \_\_\_\_\_  
\_\_\_\_\_ Diabetes Insulin Type: \_\_\_\_\_  
\_\_\_\_\_ Insulin Type: \_\_\_\_\_  
Other Conditions (Be specific): \_\_\_\_\_  
Medications Being Taken: \_\_\_\_\_

**Medications Being Taken:**

Medication cannot be administered on field trips. If your child has a life threatening medical condition, (i.e. asthma, anaphylactic reaction) which requires medication, please contact the school nurse for a request for self-administration of medication form which your doctor must complete and sign. The completed form must be returned to the school nurse prior to the date of the field trip. Medication must be in the original prescription labeled container. For any questions regarding medication on field trips, please contact the school nurse.

I have read the contents of this form and hereby give permission for my son/daughter to attend the field trip. I also understand that school officials have the right to conduct reasonable searches of student luggage or other belongings.

Home Phone Number: \_\_\_\_\_  
Area Code Number

Parent/Guardian Work Number: \_\_\_\_\_  
Name Area Code Number Ext.

Parent/Guardian Work Number: \_\_\_\_\_  
Name Area Code Number Ext.

Emergency Number: \_\_\_\_\_  
Name Area Code Number Ext.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Please complete sections 1 and 2, as appropriate to grade level.**

**SECTION 2:**

It is the student's responsibility to seek approval from ALL classroom teachers prior to the field trip. This form must be turned in to the teacher/advisor 10 days prior to the trip. Teachers are instructed to sign and either approve or disapprove of the student attending the trip. The parent signature should be the last item to be placed on this form. This section needs to be completed only if the field trip requires the student to miss a day(s) or part of a day(s) of school.

Period	Teacher's Signature	Approve	Disapprove	Comments
AM				
1				
2				
3				
4/5 or 5/6				
6/7 or 7/8				
9				
10				