

# LIVINGSTON HIGH SCHOOL

## STUDENT FIELD TRIP PERMISSION FORM

There can be great benefit from planned field trips and activities that supplement the curriculum offered in a classroom setting. Absences from regular classes for an approved trip are excused absences and do not count towards total accumulations. However, we ask that students inform their teachers when they plan to be out of class. Parents should consider time out of class prior to giving permission for participation.

### Procedures

1. The student must present this form to each teacher for an acknowledgement of field trip participation.
2. A parent should discuss with their student to decide whether to give consent and sign this permission slip.
3. If permission is given, the student must submit this signed form to the teacher in charge of the trip by the due date Assigned.
4. **Failure to turn in this form at least 48 hours before the trip may result in the student's exclusion from the trip.**

**To be filled out by the teacher:**  
 DATE OF TRIP 10/27/18 DEPARTING TIME 10:30 RETURN TIME 2:00  
 TRIP DESCRIPTION NJ Community Food Bank - Hillside, NJ  
 CLASS OR GROUP INVOLVED Key Club COST OF TRIP \$0

**To be filled out by the student and initialed by the teachers:**  
 NAME OF STUDENT \_\_\_\_\_ ID # \_\_\_\_\_ GRADE \_\_\_\_\_

TEACHERS PLEASE INITIAL, INDICATING AWARENESS THAT YOUR STUDENT IS ATTENDING THIS TRIP.

A DAY	Initial	Comments	B DAY	Initial	Comments	C DAY	Initial	Comments	D DAY	Initial	Comments
1			4			3			2		
2			1			4			3		
3			2			1			4		
5			8			7			6		
6			5			8			7		
7			6			5			8		

**To be filled out by the parent:**  
**Permission and Acknowledgement:**

- I have read the information provided and give the above named student permission to go on this trip.
- I have read the LHS Code of Conduct as well as the International Travel Code of Conduct. By signing below, I acknowledge and agree to all listed terms.

*PLEASE NOTE: The school, for the safety and security of students and staff, reserves the right to examine all personal belongings. Participation of this field trip is at the discretion of LHS Administration based on the student's academic and behavioral standing.*

**Medical Information:**

In the event of an emergency, I can be reached at \_\_\_\_\_. This student has the following medical condition of which the teacher should be aware: \_\_\_\_\_ (if none, please write "none").

**If your child is presently approved to receive medication in school, please indicate the plan for medication administration for this trip.**

\_\_\_\_\_ Parent or adult relative will attend this trip to administer medication.  
 Name: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Physician's authorization to suspend medication for this trip has been submitted.  
 \_\_\_\_\_ Neither parent nor relative can attend this trip and the medication cannot be administered.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_