

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 each teacher comments on the effect of a student being out of class. Parents should then consider these comments prior to giving permission for participation.

Procedures

1. The student must present this form to each teacher for a comment and signature well in advance of the proposed trip.
2. A parent should use the teachers' comments 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 on or before the deadline indicated below.

NAME OF STUDENT _____ ID # _____ GRADE _____

DATE OF TRIP Sat. 3/4/17 DEPARTING TIME 10:45 RETURN TIME 2:00

TRIP DESCRIPTION Community Food Bank, Hillside, NJ

CLASS OR GROUP INVOLVED Key Club COST OF TRIP 0

CHECK OR HIGHLIGHT THE PERIODS TO BE MISSED. TEACHERS PLEASE INITIAL, INDICATING THAT A STUDENT MAY ATTEND THE FIELD 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		

PLEASE NOTE: The school, for the safety and security of students and staff, reserves the right to examine all personal belongings.

I have read the information provided here and give the above named student permission to go on this trip. I can be reached at _____ in the event of an emergency. 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.

Name of Student _____ Grade _____

Parent/Guardian Signature _____ Date _____

LIVINGSTON HIGH SCHOOL
FIELD TRIP MEDICATION SUSPENSION FORM
REQUEST FORM

NJ State law, teachers, other parents or chaperones may not administer medication to students on field trips. Only a nurse or adult relative may do so. Any student whose physician has prescribed daily medication during school hours must have a parent or relative accompany him/her on a field trip to administer medication. If a parent or relative is unable to accompany the student on a specific trip and a nurse is not available, a physician's authorization will be needed to suspend medication for that field trip.

Student Name: _____ Grade: _____

School: _____ School Year: _____

Date: _____ Location of Trip: _____

PHYSICIAN STATEMENT:

_____ **DOES** require the following medication _____ during this field trip.

_____ **DOES NOT** require the following medication _____ during this field trip.

List possible side effects expected without medication:

Physician's Signature _____ Date _____

Physician's Printed Name _____ Phone _____