

# 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 Sunday, 10/9 DEPARTING TIME 6:45 a.m. RETURN TIME 7:00 p.m.

TRIP DESCRIPTION NJ District of Key Club International Fall Rally at Six Flags Great Adventure

CLASS OR GROUP INVOLVED Key Club COST OF TRIP \$45 (if paid by 9/21) or \$50 (by 10/3)  
\$14 For season pass holders

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 \_\_\_\_\_