

EAST AMWELL TOWNSHIP SCHOOL
RINGOES, NJ 08551

FIELD TRIP PERMISSION FORM

The _____ is planning to participate in a trip to
(Group Sponsoring)

_____ on _____. The trip will leave at
(Location) (Date)

_____ and your child will return about _____. The trip will be conducted
(Time) (Time)

under the supervision of a faculty member at all times. Students are expected to dress _____.

The cost will be _____. Please return the completed section below by _____.
(Date)

Special instructions _____

Return to Teacher.....

Date _____

I hereby give permission to allow _____ to participate in the trip to
(Child's Name)

_____ on _____.
(Location) (Date)

Please check if you would like to be considered for financial aid to cover the cost of the trip.

Please check if your child needs to receive medication on the trip. If you check this box, check one of the following below:

- I have been selected to chaperone the trip and I will administer the medication.
- The nurse/teacher will act on my behalf as my representative and will administer the medication
- My child will self-administer his/her medication.

Parent/Guardian Signature _____ Date _____