

**EAST AMWELL TOWNSHIP SCHOOL
RINGOES, NJ 08551**

FIELD TRIP PERMISSION FORM

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

_____ on _____ with the
(location) (Date)

_____. I understand the trip will leave at _____ and that my child
(Class/Group)

will return about _____. The trip will be conducted under the supervision of a faculty member
(time)

at all times. Students are expected to dress _____.

The cost will be _____.

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

Special Instructions: _____

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.

Please be reminded that school rules and the dress code as stated in the student handbook are in effect during school trips.

Please return form by _____

Parent/Guardian Signature _____

Date _____