



HADDONFIELD PUBLIC SCHOOLS

Field Trip Information and Permission Form

School: _____

Teacher/Class: _____

Trip: _____

Location: _____

Date of Trip: _____ Departure Time: _____ Return Time: _____

Mode of Transportation: _____

Cost of Trip: _____

Lunch needed

Lunch money needed

Lunch provided

Other important information: _____

Learning Objectives: _____

Chaperone ratio: _____

Please cut along the dashed line and return the permission slip below.

FIELD TRIP PERMISSION FORM

The conduct of all students who participate is subject to rules and regulations contained in the student handbook.

I understand that if my child has a **form on file with the nurse** (4th grade and up) which allows self-administration of emergency medications, such as asthma inhaler or Epi-pen, *it is my responsibility as a parent to insure that my child brings the appropriate medication on the trip.* All children who require medications or nursing services will ride on the **same** bus/group as the nurse.

I give _____ permission to attend the trip to _____
(child's name)

on _____.

Parent's Name: _____

Parent's Signature: _____