

**KINNELON HIGH SCHOOL
FIELD TRIP PERMISSION FORM**

_____ is seeking permission to travel with Kinnelon High School to

_____ on _____.
(DESTINATION) (DATE)

Expected departure time from Kinnelon High School is _____.

Approximate return time to Kinnelon High School is _____.

Your child **will** **will not** need transportation home.
(PLEASE CIRCLE ONE)

The cost of the trip for your child will include transportation to/from the destination and admission.

This cost will be _____. (Please make checks payable to: **Kinnelon H.S. Activities.**)

Since this field trip is part of the curriculum for the class, it is regarded as an extension of the school. Therefore, all school rules and Board of Education policies shall be in effect. Any student who violates these rules/policies during this off-campus school activity will be subject to school disciplinary procedures. Penalties may include, but are not limited to, suspension from school, prohibited participation in future school activities/trips and forfeiture of athletic eligibility and elected offices. In the case of a medical concern, the trip may have to be temporarily stopped or terminated until the identified student can be taken to the nearest medical facility for evaluation.

Please sign and detach the bottom portion of this form and have your child return it with the necessary payment to

His/Her teacher, _____ by _____.
(TEACHER'S NAME) (DATE)

Name of Student: _____ Grade: _____
(PLEASE PRINT)

I have received and read the notification about my child's trip to _____
(DESTINATION)

on _____ and hereby give my full consent.
(DATE)

I waive any claim against the Kinnelon Public Schools, its agents, employees or representatives, for any damages or injuries my child may sustain while participating on the trip. I understand that I am liable for any expenses incurred for injuries which are not covered by my insurance policy.

Name of Parent/Guardian: _____
(PLEASE PRINT)

Signature of Parent/Guardian: _____

Telephone Numbers (where parents/guardians can be reached during the trip): _____
(MOTHER/GUARDIAN)

Medical Concerns: _____
(FATHER/GUARDIAN)

**KINNELON SCHOOL DISTRICT - KINNELON HIGH SCHOOL
FIELD TRIP PERMISSION FORM**

Student Name: _____

Grade: _____

New Jersey State law specifies that only a Certified School Nurse or a student's parent may administer medication to the student while he/she is at school or on a school-sponsored field trip.

Please be aware that there will be no school nurse attending this field trip. If your son/daughter takes any prescription medication on a daily or emergency basis (oral, inhaler, injectable, topical), please complete the following information and designate the option you prefer, which will apply to this field trip only.

_____ OPTION 1

I will accompany my child on the field trip at my own expense and will administer the required medication.

_____ OPTION 2

I will call my child's physician and obtain written permission to withhold the dose(s) of required medication during this field trip, or change the time of its administration in order to accommodate the field trip's schedule.*

*Attach note from doctor (or fax it to 973-838-0261).

_____ OPTION 3

I will provide (or have already provided to the school nurse) written permission from my child's physician, allowing him/her to self-administer an *inhaler*, *Epi-Pen* or *insulin*, if needed.* I understand that the medication must be provided by my child and will be appropriately labeled by the pharmacy.

*Attach note from doctor (or fax it to 973-838-0261).

_____ OPTION 4

I will make private arrangements with another parent who is going on the trip to administer the medication.

In the event that I am unable to be reached, and my child, in your opinion, requires EMERGENCY MEDICAL TREATMENT during the time he/she is on this school-sponsored trip, I grant you permission to obtain any necessary transportation and medical care until I can be contacted. I hereby designate the teacher in charge as my agent, to act in my child's best interests, and release you from any claim arising out of the doctor's actions. I also agree to pay for any professional medical services incurred which are not fully covered by insurance.

Emergency Contacts: _____

Phone: _____

Phone: _____

PARENT'S SIGNATURE

DATE