# FIELD TRIP PERMISSION SLIP

**FRANKLIN HIGH SCHOOL**
**500 Elizabeth Avenue**
**Somerset, New Jersey 08873**


Teacher/Sponsor: Richter                    Date: September 28, 2015

Course/Club: FBLA

Dear Parent/Guardian:

A trip has been scheduled as part of your child's school program. The trip has been planned to extend and enrich learning experiences.

Your child's participation in the trip is conditional upon acknowledgement, on the form below, that he/she will be away from school on the date scheduled. By signing the form below as indicated, you are authorizing that your child may participate in the trip described.

I hereby acknowledge that my child, _____, will participate
*(Child's Name)*
in a class trip to the **FBLA National Leadership Conference in Atlanta, GA from June 28, 2016 to July 3, 2016**


I understand that the class/club will travel by plane will be chaperoned by a teacher and (if necessary), parents. The plane arrangements are per attached and it is the responsibility of the parent to transport the student to/from Newark Airport.

Signed: _____
                    *Parent/Guardian)*
Other:_____
_____
_____

**Teacher's Signatures** – Teacher's notification of the trip. _____
                                                                *(Homeroom Teacher)*


| **Period** | | **Period** | |
|---|---|---|---|
| 1. | _____ | 5. | _____ |
| 2. | _____ | 6. | _____ |
| 3. | _____ | 7. | _____ |
| 4. | _____ | 8. | _____ |


*(Complete information on back)*

# FRANKLIN HIGH SCHOOL
Emergency Contact Information for Field Trips

## Student Information

| | | |
|---|---|---|
| Student: _____ | Student #: _____ | <u>N/A</u> |
| Student Address: _____ | Birth date: _____ | <u>N/A</u> |
| City: _____ | Social Security #: _____ | <u>N/A</u> |
| Zip code: _____ | _____ | |
| Phone: _____ | Grade: _____ | |

*Attach documentation regarding unique circumstances concerning legal guardianship of the above student.*

## Emergency Contact Information

*The individuals below have authorization to pick up my child and can be reached during school hours or evening hours at the number listed.*

Name: _____ Relationship: _____ Phone: ( )
Home Address: _____ City, State, Zip: _____

Name: _____ Relationship: _____ Phone: ( )
Home Address: _____ City, State, Zip: _____

Contact comments: _____

## Emergency & Health Information

*In case of serious accident or illness at school, you child will be sent to an emergency medical facility. The parent(s)/guardians(s) is/are responsible for all expenses.*

Physician's Name: _____ Phone: ( )_____
Medical Alert 1: _____
Medical Alert 2: _____

Health Comments: _____
**Emergency comments:**

_____
_____
_____

## Parent/Guardian Information

| | | |
|---|---|---|
| Name: _____ | Relationship: _____ | |
| Home Address: _____ | Legal Guardian: \_\_\_\_ Yes \_\_\_\_ No | |
| City, State, Zip _____ | Resides With: Yes No | |
| Employer: _____ | Home Phone ( ) _____ | |
| Address: _____ | Work Phone ( ) _____ | |
| City, State, Zip _____ | | |

Parent/Guardian Comments

Student Name: _____
Print Parent/Guardian Name (1): _____

Parent/Guardian Signature (1): _____ Date: _____
Print Parent/Guardian Name (2): _____

Parent/Guardian Signature (2): _____ Date: _____

(requires signature of all parents/guardians who student lives with – please complete and return to teacher/sponsor)