

FIELD TRIP PERMISSION SLIP



Warriors

FRANKLIN HIGH SCHOOL
500 Elizabeth Avenue
Somerset, New Jersey 08873

Teacher/Sponsor: Dan Rivero & Mariama Bah

Date: 1/12/2017

Course/Club: FBLA _____

Dear Parent/Guardian:

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

Your child's participation is conditional upon your acknowledgement that he/she will be away from school on the date(s) listed below. By signing this permission slip, you are authorizing your child's participation in the trip as described below.

I hereby acknowledge that my child, _____, will participate
(Child's Name)
in a class trip to Horizon (3 Penn Central Railroad, Newark, NJ 07105) on 1/12/2017.
(Destination) (Date)

I understand that the class/club will travel by bus and will be chaperoned by teachers and parents (if necessary). The bus will leave FHS at 8:30 am and return to FHS at 2:00 pm. Buses will depart and return to the main entrance of FHS.

Signed: _____
(Parent/Guardian)

Other: _____

Teachers' Signatures – Teacher's notification of the trip

Period

1. _____
2. _____
3. _____
4. _____

Period

5. _____
6. _____
7. _____
8. _____

FRANKLIN HIGH SCHOOL
Emergency Contact Information for Field Trips

Student Information

Student: _____ Grade: _____
Student Address: _____ Birth date: _____
City: _____ Phone Number: _____
Zip code: _____

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, your 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:

Please "Check" if applicable

- My child may require the use of Epinephrine via an auto-injector.
 My child has an order to self-administer Epinephrine via auto-injector.
 My child may require the need for Glucagon in an emergency situation.

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

Date: _____

(1): _____

Print Parent/Guardian Name _____

(2):

Parent/Guardian Signature (2): _____

Date:

(Signatures of all parents/guardians who the student lives with are required – please complete this permission slip and return to teacher/sponsor)