

# FIELD TRIP PERMISSION SLIP



*Warriors*

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

Teacher/Sponsor: Mariama Bah & Dan Riverso

Date: 1/10/2017

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 Rutgers Business School on 1/10/2017.  
*(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 9:15 am and return to FHS at 2:15 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)