

**SOMERDALE PARK SCHOOL  
FIELD TRIP PARENT PERMISSION FORM**

It is required for all participants to return this permission slip to the teacher in charge of the school sponsored activity. Please read the following rules and regulations and sign the appropriate space.

NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

FIELD TRIP DESTINATION: WILDWOOD

DATE OF TRIP: MAY 28TH, 2014 (Rain Date—MAY 29TH)

PURPOSE OF TRIP: Renaissance Trip

TEACHER IN CHARGE: Mr. Eckmeyer

DEPARTURE TIME: 8:00 am

APPROXIMATE RETURN TIME TO SCHOOL: 6:00 pm

HOME PHONE #: \_\_\_\_\_ EMERGENCY WORK#: \_\_\_\_\_

NAME OF FAMILY PHYSICIAN: \_\_\_\_\_ PHONE#: \_\_\_\_\_

1. **SCHOOL POLICIES:** Violations of any school trip policies, school rules, hotel or other public laws and regulations, and local and state laws will be dealt with accordingly. The faculty and administration reserve the right to expel any student from further activities when his/her behavior is felt to be unacceptable to the group's standards.
2. **ALCOHOL:** Possession, purchase, and or consumption of alcohol will be cause for terminating an activity or trip for the student involved. Parents/guardians will assume legal and financial responsibility at such time.
3. **DRUGS:** Possession, distribution or use of prohibited substances will be reported immediately to the proper local authorities. Parents/guardians will assume full legal and financial responsibility at such time
4. **PROPERTY DAMAGE:** Student groups assume responsibility for any and all property damage that might occur.
5. **CHAPERONES:** Chaperones (administrators, instructors, and staff) have the authority to search persons, personal belongings and accommodations when they deem it necessary.
6. **ASSIGNMENT TO LOCATIONS:** Students must remain and report in areas to which they are assigned at the assigned times.
7. **EMERGENCY CARE:** In case of emergency, and parents/guardians cannot be contacted, said parents/guardians give permission for members of the staff to sign for treatment until such time that they can be reached.

Please indicate below whether the above named student may or may not have his/her daily medication suspended for a field trip. While efforts will be made to employ a substitute nurse to accompany the field trip when students with health/medication needs are in attendance, we cannot guarantee the availability of a substitute nurse. A parent or guardian may accompany the student on a field trip for the purpose of administering medication.

Yes     No    MEDICATION MAY BE OMITTED ON THIS FIELD TRIP.

Student does not take medication

We have read the above rules and regulations of SOMERDALE PARK SCHOOL and understand their implications. Also, I hereby give my permission for my student to attend the above field trip.

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Student Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ Grade \_\_\_\_\_

**Somerdale Park School  
SOMERDALE, NJ 08083**

**EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION FORM**  
**PLEASE PRINT**

In order to care for your child in the case of an emergency, we must have the following information.

1. STUDENT'S NAME \_\_\_\_\_  
First
Middle
Last
2. BIRTH DATE: \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_
3. AGE \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_
4. PARENT/GUARDIAN NAME \_\_\_\_\_
5. HOME ADDRESS \_\_\_\_\_
6. HOME PHONE# \_\_\_\_\_ WORK/EMERGENCY PHONE # \_\_\_\_\_
7. LIST CURRENT MEDICATIONS BEING TAKEN \_\_\_\_\_
8. DATE OF LAST TETANUS BOOSTER \_\_\_\_\_
9. KNOWN ALLERGIES TO DRUGS (Penicillin or other) \_\_\_\_\_
10. HISTORY OF PAST ILLNESS THAT MAY AFFECT TREATMENT: \_\_\_\_\_
11. MEDICAL INSURANCE: \_\_\_\_\_  
 NAME OF INSURANCE CO. \_\_\_\_\_  
 POLICY NUMBER \_\_\_\_\_  
 SOCIAL SECURITY NUMBER OF INSURED \_\_\_\_\_

**\*\*If you have do not have medical insurance please indicate “no insurance” on the “Medical Insurance” line.**

***IF INSURANCE IS PROVIDED BY EMPLOYER (Please complete this section)***

NAME OF EMPLOYEE: \_\_\_\_\_  
 NAME OF EMPLOYER: \_\_\_\_\_  
 ADDRESS OF EMPLOYER: \_\_\_\_\_  
 NAME OF FAMILY DOCTOR \_\_\_\_\_ PHONE# \_\_\_\_\_

I give my permission for my child to be treated in a medical emergency under the direction of any authorized, adult representative of Sterling High School.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_