

MONTVILLE TOWNSHIP SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM

Date: _____

Dear Parent/Guardian:

Your child has the opportunity to attend the following school sponsored field trip. Please complete Sections B and C and return this form with a check made payable to the _____ School Student Activity Account.

Sincerely,

Teacher

Section A. Field Trip Information

Field Trip Destination: _____

Date of Trip: _____ Cost Per Pupil/Adult: _____

Time of Departure: _____ Time of Return: _____

Section B. Medical Information

My child suffers from the following potentially life threatening condition(s):

_____ Allergy to Food or Bee Sting _____ Asthma _____ Diabetes

The Certified School Nurse, a substitute nurse or a delegate for epinephrine will be present on field trips where the administration of medication may be necessary.

Section C. Parent/Guardian Permission

Student Name: _____ Grade: _____

I hereby give my child permission to attend the field trip as indicated in Section A above.

Signature of Parent/Guardian

Date