

SALEM COUNTY VOCATIONAL TECHNICAL SCHOOLS
PO BOX 350
WOODSTOWN, NJ 08098
856-769-0101

FIELD TRIP PERMISSION SLIP

I HEREBY AGREE TO PERMIT: _____

TO GO ON A FIELD TRIP TO: _____

ON: _____

PLANNED TIME OF DEPARTURE: _____ **PLANNED RETURN TIME:** _____

STAFF MEMBER RESPONSIBLE: _____

(If Applicable) SHARED-TIME HOME SCHOOL PERMISSION (Y/N): _____

Shared Time Home School Administrator (or designee) Signature required below:

Administrator Name: _____ Administrator Signature: _____

(If Applicable) COST TO STUDENT: _____

FURTHER, I AGREE THAT THE STUDENT SHALL RECOGNIZE THE AUTHORITY OF THE TEACHER AS FINAL, AND THAT NEITHER THE SCHOOL NOR ANY SCHOOL AUTHORITY WILL BE HELD RESPONSIBLE FOR ANY INJURY OR INJURIES THE STUDENT MIGHT SUFFER DURING THE FIELD TRIP.

IN THE EVENT OF A MEDICAL EMERGENCY, I GIVE PERMISSION FOR MY SON/DAUGHTER TO BE TREATED AT THE NEAREST AVAILABLE MEDICAL FACILITY. THIS WILL NOT PRECLUDE REASONABLE ATTEMPTS BY THE TEACHER TO CONTACT AND/OR DIRECTLY INVOLVE PARENTS, GUARDIANS, AND/OR CONTACT PERSONS DESIGNATED BY PARENT/GUARDIAN.

MY STUDENT HAS MEDICAL CONCERNS I NEED TO DISCUSS WITH TRIP ORGANIZER:

(THE TRIP ORGANIZER WILL REACH OUT TO YOU AT THE NUMBER YOU LIST BELOW)

YES NO

NAME OF PARENT/GUARDIAN: _____

PHONE NUMBER OF PARENT/GUARDIAN: _____

NAME OF DESIGNATED EMERGENCY CONTACT PERSON: _____

PHONE NUMBER OF EMERGENCY CONTACT PERSON: _____

DATE: _____ **PARENT/GUARDIAN SIGNATURE:** _____

PLEASE NOTE: ALL INFORMATION MUST BE COMPLETED FOR STUDENT TO ATTEND THE FIELD TRIP

