

**VERNON TOWNSHIP PUBLIC SCHOOLS FIELD TRIP APPROVAL**

Consent is hereby given for my son/daughter, \_\_\_\_\_ to go on the following field trip as described below.

Grade: <b>Preschool PM</b>	Date: <b>Friday, 3/1/19</b>	Teacher:
Location: <b>National Winter Activity Center 44 Breakneck Road Vernon, NJ</b>		Purpose of Trip: <b>Enrich Tools of the Mind Curriculum</b>
Departure Time From School: <b>1:10 PM</b>		Return Time: <b>3:00 PM</b>
Supervised by the Vernon Township School District's: <b>Teachers and Aides</b>		
Return this form to child's homeroom teacher by: <b>Thursday, February 21, 2019</b>		
Means of Transportation:		<b>School Bus</b>
Cost: <b>N/A</b>		Cash or Checks payable to: <b>N/A</b>

**IMPORTANT – Should pick-up be required at school, please indicate the name of the person (if other than the parent/guardian) to pick up your child.**

My child will be picked up by:

**Vernon Township Public Schools are not responsible for claims for payment of medical bills arising out of their child's participation in the trip. PLEASE FILL OUT BELOW BEFORE RETURNING FORM!**

Child's Name:	Phone #:
Parent's Work Phone #:	Parent's Cell Phone #:
Emergency Contact Name:	Emergency Phone #:
Family Doctor's Name:	Doctor's Phone #:

**\*\*STUDENT MEDICAL INFORMATION (please check all that apply with explanation if necessary) \*\***

- Allergies (nuts, hives, bee sting allergy, asthma?)
- Do any allergies require a pre-filled auto-injector mechanism (EPI-Pen)
- Neurological problems (seizures, fainting?)
- Prescription/OTC Medications currently taken on a regular basis\* (please list)
- Heart problems (chest pains, palpitation, high or low blood pressure)
- Head injuries (concussion, loss of consciousness, frequent headaches)
- Any serious injuries or operations?

**\*ALL medications, whether over the counter or prescription, must be in the original prescription bottle. Doctor's notes MUST be provided for all medications and all medications must be given to the nurse prior to the day of the trip. Self-administration notes are to state "for purpose of the trip only".**

If not already provided to the District, parents must provide the Board of Education/school/teacher with a written authorization from the student's physician for the self-administration of the above types of medications. This authorization must state that the student has a potentially life threatening illness or allergy **and is capable of and has been instructed in the proper use of the medication.** **\*\*PARENTS MUST CONTACT THE SCHOOL NURSE IF THEIR CHILD HAS AN EPI-PEN SO THAT A DELEGATE CAN BE ASSIGNED FOR THE TRIP. IF THE PARENT DOES NOT CONTACT THE SCHOOL NURSE THEN A DELEGATE CAN NOT BE ASSIGNED. FORMS CAN BE OBTAINED FROM THE SCHOOL NURSE**

In consideration of my child's participation, I hereby release and forever discharge the Vernon Township Board of Education and its agents from any present and future claims by reason of any damage, loss, injury or suffering, known and unknown (except for claims based upon the intentional or reckless misconduct of any Board employee), which may be sustained by my child as a consequence of his/her participation in the above field trip, including but not limited to, any personal injury or wrongful death arising from negligence.

And furthermore, I hereby expressly stipulate and agree, that in consideration of my child participating in the above field trip, I indemnify and hold forever harmless the Vernon Township Board of Education and its agents against loss for any claims, demands or actions in law or in equity (except for claims based upon the intentional or reckless misconduct of any Board employee) that may be made by said minor or by anyone on his/her behalf.

➤ **Signature (Parent/Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Save this part for future reference**

**CUT HERE-----CUT HERE**

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Location: <b>National Winter Activity Center 44 Breakneck Road Vernon, NJ</b>		Purpose of Trip: <b>Enrich Tools of the Mind Curriculum</b>
Means of Transportation: <b>School Bus</b>		
Cost: <b>N/A</b>		Departure Time from School: <b>1:10 PM Return Time: 3:00 PM</b>

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Location: <b>National Winter Activity Center 44 Breakneck Road Vernon, NJ</b>	Purpose of Trip: <b>Enrich Tools of the Mind Curriculum</b>	
Departure Time From School: <b>9:55 AM</b>	Return Time: <b>11:50 AM</b>	
Supervised by the Vernon Township School District's: <b>Teachers and Aides</b>		
Return this form to child's homeroom teacher by: <b>Thursday, February 21, 2019</b>		
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> Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

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Cost: <b>N/A</b>		