VERNON TOWNSHIP PUBLIC SCHOOLS FIELD TRIP APPROVAL

Consent is nereby given for my son/daugnte	3)			e following field trip as described below.				
Grade: Preschool PM	Date: Friday,	3/1/19		Teacher:				
Location: National Winter Activity Center 44 Breakneck Road Vernon, NJ		Purpose of Trip: Enrich Tools of the Mind Curriculum						
Departure Time From School: 1:10 PM		Return Time: 3:00 PM						
Supervised by the Vernon Township School	Teachers and Aides							
Return this form to child's homeroom teach Thursday, February 21, 2019	er by:	E						
Means of Transportation: School Bus								
Cost: N/A Cash or Checks payable to: N/A								
pick up your child.	ired at school, p	lease indic	cate the name of	the person (if other than the parent/guardian) t				
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 #:	Phone #:				
Parent's Work Phone #:	Parent's Work Phone #:			Parent's Cell Phone #:				
Emergency Contact Name:			100 - 100	Emergency Phone #:				
Family Doctor's Name:			Doctor's Pho	Doctor's Phone #:				
**STUDENT MEDICAL I	NFORMATION	(please ch	eck 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 								
state "for purpose of the trip only".				the day of the trip. Self-administration notes are t				
physician for the self-administration of the a threatening illness or allergy <u>and is capable</u> CONTACT THE SCHOOL NURSE IF THE	above types of m le of and has be HEIR CHILD HA NTACT THE SC	edications. een instru AS AN EP	This authorization of the property of the prop	eacher with a written authorization from the student ion must state that the student has a potentially lifted use of the medication. **PARENTS MUST A DELEGATE CAN BE ASSIGNED FOR THE DELEGATE CAN NOT BE ASSIGEND. FORM				
any present and future claims by reason of intentional or reckless misconduct of any Boa above field trip, including but not limited to, a And furthermore, I hereby expressly stipulate hold forever harmless the Vernon Township F	f any damage, los ard employee), who any personal injury and agree, that in Board of Education	ss, injury of hich may b y or wrongf n consider n and its ag	or suffering, know he sustained by my ful death arising fi ation of my child gents against loss	non Township Board of Education and its agents from and unknown (except for claims based upon the child as a consequence of his/her participation in the from negligence. participating in the above field trip, I indemnify an for any claims, demands or actions in law or in equit (yee) that may be made by said minor or by anyone of Date:				
Save this part for future reference								
CUT HERECUT HERE								
Grade: Preschool PM	Date: Frid	ay, 3/1/19		Teacher:				
Location: National Winter Activity Center 44 Breakneck Road Vernon, NJ Means of Transportation: School Bus Purpose of Trip: Enrich Tools of the Mind Curriculum								
Cost: N/A	(6			Departure Time from School: 1:10 PM Return Time: 3:00 PM				

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:	Preschool AM	Date: Friday,	3/1/19		Teacher:		
Location: National Winter Activity Center 44 Breakneck Road Vernon, NJ		Purpose of Trip: Enrich Tools of the Mind Curriculum					
Departure Time From School: 9:55 AM		Return Time: 11:50 AM					
Supervised	by the Vernon Township Scho	ol District's:	Teachers	and Aides			
	form to child's homeroom tead February 21, 2019	cher by:			·		
Means of T	ransportation:		School B	us			
Cost: N/A	Cost: N/A Cash or Checks payable to: N/A						
my child w Vernon To	ill be picked up by:	ot responsible for (claims for	payment of medi	the person (<u>if other than the parent/guardian)</u> to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if other than the parent/guardian</u>) to the person (<u>if ot</u>		
Child's Nar	Child's Name:			Phone #:	Phone #:		
Parent's Wo	Parent's Work Phone #:			Parent's Cell	Parent's Cell Phone #:		
Emergency	Emergency Contact Name:			Emergency P	Emergency Phone #:		
Family Doo	tor's Name:			Doctor's Pho	ne #:		
	**STUDENT MEDICAL	INFORMATION	(please ch	eck all that apply	y with explanation if necessary) **		
Do any Neurol Prescri Heart p Head in Any se ALL medic rovided for tate "for pu f not already hysician for hreatening il CONTACT" TRIP. IF TI CAN BE OB n consideration not furtherm solve field translation and furtherm cold forever if except for clais/her behalf	all medications and all med rpose of the trip only". provided to the District, parenthe self-administration of the lness or allergy and is capa THE SCHOOL NURSE IF THE PARENT DOES NOT COTAINED FROM THE SCHOOL OF	ting?) on, high or low blo asciousness, frequent ting? on, high or low blo asciousness, frequent ting? ounter or prescriptications must be gottons must be gottons must be gottons to the tender of and has been to the contract of the con	lar basis* (pod pressure in the adache prion, must given to the Board of Fredications, been instructed in the Board of Fredications, been instructed in the Board of Fredications, been instructed in the Board of Fredications, injury of thick may be yor wrong in consider on and its again.	please list) es) est be in the original to the property of t	teacher with a written authorization from the student toon must state that the student has a potentially lift per use of the medication. **PARENTS MUST TA DELEGATE CAN BE ASSIGNED FOR THE DELEGATE CAN NOT BE ASSIGEND. FORMS non Township Board of Education and its agents from which are a consequence of his/her participation in the from negligence. I participating in the above field trip, I indemnify an for any claims, demands or actions in law or in equit yee) that may be made by said minor or by anyone of the day of the participation of the participation of the participation of the participating in the above field trip, I indemnify and for any claims, demands or actions in law or in equit yee) that may be made by said minor or by anyone of the participation of the particip		
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Grade: Preso	chool AM	Date: Frid	Date: Friday, 3/1/19		Teacher:		
	tional Winter Activity Center	r					
	k Road Vernon, NJ nsportation: School Bus		P	urpose of Trip: E	Enrich Tools of the Mind Curriculum		
Cost: N/A	The summer of the sum of the sum				Departure Time from School:		
			9:55 AM Return Time: 11:50 AM				