

Teresa M. Rafferty
Superintendent of Schools

Deborah I. Dawson, Psy.D.
Coordinator of Health Services

FIELD TRIP PERMISSION FORM - HIGH SCHOOL (Day Trip)

I hereby give consent for my child, _____

To attend the Field Trip on Tuesday, January 10, 2017

Day

Date

to Rutgers Business School, Piscataway, NJ _____

Departure Time_8:00am

Return Time: approx. 1:35pm

Medical Concerns - Please Read Carefully

List any Allergies or Medical Conditions your child has:

____My child does **not** need to take medication while on this trip.

____My child is to take his/her regularly prescribed medication while on this trip.

NOTE: Prescription medication must be in the original pharmacy labeled container.
Over-the-counter medication must be in the original unopened container.

____My child is allowed to carry and to use if necessary his/her inhaler while on this trip.

____My child is allowed to carry and to use if necessary his/her Epi-Pen while on this trip.

____My child is allowed to carry and to use his/her medication for diabetes while on this trip.

____Because of the medical status of my child, I wish to accompany him/her on this trip.

The Nurse must have the Medication - Healthcare Provider Request, Medication - Parent Request, and Individual Healthcare Plan (if applicable) in order for a student to receive medication on the trip.

On this Day, My **Emergency Phone/Cell Number** _____

Signature of Parent/Guardian

Date

10/15

Print Name _____