SCOTCH PLAINS-FANWOOD HIGH SCHOOL
FIELD TRIP PERMISSION FORM

Directions: Please complete all sections of the permission form and turn it in to your advisor three (3) days prior to the trip.

SECTION 1:

Student Name: _____ Teacher: _Mr. Thomas_____

Destination/Activity: _Marching Band Season – School Year 2017-2018_____

Date of Trip: _May 2017-May 2018_ Time of Departure: _NA_____ Time of Return: _NA____

1. Students participating in a school field trip are to observe all school behavior expectations.
2. Student luggage and lodging rooms are subject to inspection and search at any time by school officials.
3. It is the student's responsibility to arrange for missed work resulting from this field trip.
4. I understand that this form must be completed and turned into the advisor at least four (4) days prior to the field trip.

Please list all information that medical providers, staff and chaperones may need to know for the proper care of your child in case of an emergency:

____ Asthma   Inhaler: _____

____ Allergies   List: _____

____ Heart Murmur

____ Seizures Explain: _____

____ Diabetes Insulin Type: _____

Insulin Type: _____

Other Conditions (Be specific): _____

Medications Being Taken: _____

Medication cannot be administered on field trips. If your child has a life threatening medical condition, (i.e. asthma, anaphylactic reaction) which requires medication, please contact the school nurse for a request for self-administration of medication form which your doctor must complete and sign. The completed form must be returned to the school nurse prior to the date of the field trip. Medication must be in the original prescription labeled container. Any questions regarding medication on field trips: please contact school nurse at (908) 889-8600 ext. 368.

I have read the contents of this form and hereby give permission for my son/daughter to attend the field trip. I also understand that school officials have the right to conduct reasonable searches of student luggage or other belongings.

Home Phone Number: _____

	Area Code	Number		

Parent/Guardian Work Number: _____

	Name	Area Code	Number	Ext.

Parent/Guardian Work Number: _____

	Name	Area Code	Number	Ext.

Emergency Number: _____

	Name	Area Code	Number	Ext.

Student Signature: _____

Parent Signature: _____

Please Return to Blue Box in Music Office ASAP
Mark envelope "MB Permission Form"