



MOUNT LAUREL TOWNSHIP SCHOOLS FIELD TRIP FORM

PARENT/GUARDIAN PERMISSION TO PARTICIPATE IN THE ACTIVITY DESCRIBED BELOW:

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| School: HMS | Requests your consent for (Student's name): | |
| Destination (by bus): Dorney Park | Date of Activity: 6/16/2022 | Time of departure: 9:00 am |
| Estimated time of return: 6:00 pm | Cost per child: \$55 | Used for: N/A |
| Homeroom teacher: | Grade: 8th | |

*It is recognized that students may wish to bring additional funds to cover the cost of miscellaneous expenses (i.e., souvenirs, etc.). Such costs will be borne by the parents and amounts should be age-appropriate and aligned with the purpose of the field trip.

EMERGENCY INFORMATION

Parent/guardian can be reached at the following telephone numbers on the day of the trip:

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| Mother's home number: | Mother's daytime number: |
| Father's home number: | Father's daytime number: |
| In the event no one is available at the above listed numbers, please contact: | |
| Relationship to child: | Phone number: |
| In the event of an emergency, I the undersigned, hereby give permission for my child to be taken to the nearest hospital for emergency treatment. | |
| Parent Signature - _____ | |

Please Note: There will be NO SCHOOL NURSE available on any field trip unless dictated by a student's IEP, 504 or Medical Health Plan. If your child requires daily medication, it should be administered before or after trip, or a parent should plan to accompany the child. Please complete section below regarding daily medication.

My child has the following allergies/medical conditions:

MEDICATION---THIS SECTION NEEDS TO BE COMPLETED BY PARENTS WHOSE CHILD MAY NEED TO TAKE AN "AS NEEDED" MEDICATION DURING THE TRIP. (INHALER, BEE STING KIT, ETC.)

Medication Name: _____ Dosage: _____ Time: _____

Special Instructions _____

Please check below regarding your child's medication for the day of the trip:

_____ My child will carry the emergency medication as prescribed by our doctor and self-administer the medication if necessary. After using the medication, my child will report to a chaperone or directly to the first-aid station for further direction and assessment.

_____ My child may omit his/her dose for the day of the trip.

_____ I will contact the school nurse to discuss my child's medication needs for the day of the trip.

_____ I will be attending the trip with my child and will be responsible for his/her medication.

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| Parent signature: | Date: |
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