

POPE JOHN PAUL II REGIONAL SCHOOL
11 SOUTH SUNSET ROAD
WILLINGBORO, NJ 08046
609-877-2144

PERMISSION FORM FOR ELEMENTARY FIELD TRIP

Dear Parent/Guardian:

The 6th-8th class will be taking a trip as follows:

Trip Destination: Holy Cross Academy Date: Wed, April 10th

Bus Pick Up Time: 9:00am Bus Return Time: 2:00pm

A bagged lunch will be necessary: Yes (No Glass Bottles) No

Dress requirements are School Uniform

This trip is part of the curriculum and academically, an enriching and well-planned experience for the students.

I hereby release and save harmless Pope John Paul II Regional School and any and all of its employees from any and all liability for any and all harm arising to my son/daughter as a result of this trip.

Please contact the school nurse, upon receipt of this permission form, **if there are any health concerns for your child**. This includes serious and/or life threatening medical needs such as severe bee sting reactions, peanut allergies, asthma attacks, diabetes, **absolutely** necessary medication, etc.

Please sign the bottom portion of this slip and have your child return it with the attached medical form by Fri, April 15. (Date)

Sincerely,

The Middle School teachers

I give permission for my child to go on the field trip listed above:

Trip Destination: Holy Cross Academy Date: Wed, April 10th

Child's Name: _____ Grade: _____

Teacher's Name: _____ Room #: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: _____ Phone #: _____

Child's Name: _____ Homeroom: _____

Below please list the names and parent/guardian and/or persons to be contacted in the event of an emergency and the telephone or beeper numbers where they can be reached on the above date!

FIRST CONTACT: _____ Work # _____

Home # _____

Cell # _____

SECOND CONTACT: _____ Tele. # _____

Family Physician: _____ Tele. # _____

Family Dentist: _____ Tele. # _____

1. Does your child have any allergies? (e.g. foods, medications, insect sting)

Yes _____ No _____

List allergies _____

2. Is your child currently on any medication? Yes _____ No _____

If yes please list the medications including dosage and specific instructions:

3. Is it necessary for your child to take medication on this trip?

Yes _____ No _____

List: _____

4. Does your child have a serious health concern?

Yes _____ No _____

List: _____

5. Your child has the medication _____ available for his/her use as needed at school. This medication and the instructions for its use will be carried and administered by _____ on the field trip if it is needed.

I have read the information and give my child permission to attend the field trip.

Signature: _____ Date: _____