

JACKSON SCHOOL DISTRICT

Permission for Trips

My child _____ has my permission to participate in:

The following club, athletic team, squad, etc. _____ of
Name of club, team, squad, group, etc.

_____ school for the _____ school year.
Name of School School Year

The field trip with _____ grade class to
Teacher's Name Grade

_____, New Jersey on _____
Location Date

This is to certify that my child, named above, has my permission to participate in the specified trip(s) and to travel off school grounds with the group for the purpose of participating in the group's activities and events. I understand that, if circumstances warrant, including in case of disciplinary infractions, I may be contacted and requested to transport my child home prior to the end of the trip(s). I understand, further, that a separate consent form will be provided in the event the activities of the group will involve overnight and/or out-of-state travel.

I knowingly and voluntarily agree to waive any and all claims for liability, loss, injury damages, or expenses which my child and I may have against the Jackson Township Board of Education, collectively and individually, and its agents, employees and chaperones resulting in any way from participation in the above activity and related transportation.

STUDENT TRIP MEDICAL RELEASE AND HEALTH INFORMATION

In case your child may require emergency medical services while on an off-campus trip, we ask that you complete the following information. In the event that medical attention becomes necessary, it should be understood that if this information is not completed, treatment may not be rendered.

| | | |
|--|-----------------|-------------|
| Parent/Guardian Name: | | |
| Home Phone: | Business Phone: | Cell Phone: |
| If Parent/Guardian cannot be reached, in case of emergency, please call: | | |
| Name: | Relationship: | Phone #: |
| Family Physician Name: | | Phone #: |
| Health Insurance Company Name: | | Policy/ID#: |

Any health factors/medical conditions of which chaperones should be aware (please note that this does not include, nor are you required to provide, any information regarding HIV or AIDS): _____

Medications being taken on trip: _____

MEDICAL/HEALTH ADVISORY: Please contact the school nurse upon receipt of this permission form if there are any health or medical issues concerning your child. Appropriate accommodations will be considered if necessary. Students who have been self-administering pre-approved medications, such as inhalers, in the nurse's office this school year will be given their medication on the morning of the trip. Any medication NOT meeting the above requirements will not be accepted or dispensed.

Please be aware that any medication(s) being taken on this or any school-sponsored trip, including over-the counter medications, such as Tylenol, Dramamine, allergy medication, etc. must be approved by the school nurse prior to the trip, in accordance with state law and Board Policy No. 5330. Please contact the school nurse directly, well in advance of the trip to obtain the requisite approval of any medications, and/or to determine by whom they are to be administered. This includes treatment for serious and/or life-threatening conditions such as severe bee sting reactions, peanut allergies, asthma attacks, diabetes, necessary medications, etc.

I have read and understood the above policy and give permission for my child to participate in the above-referenced program. I authorize the release of the information contained in this form to the responsible class advisor/trip chaperone. In the event of a medical emergency, I authorize the Jackson School District and its faculty member in charge of my child, to obtain all necessary medical care and further authorize any licensed physician and/or medical personnel to render all necessary medical treatment (to include drug and alcohol testing).

Parent/Guardian

Signature: _____ Date: _____