

Form

HSE Parental Permission for NJHS King's Island Field Trip

Name of Student: _____ Grade: **7 or 8 or HS**

STUDENT'S Mobile phone number (IF being brought along on the trip): _____

My signature below gives permission for my son/daughter to attend the school sponsored and chaperoned field trip above.

Critical Information

I can be reached at the following telephone numbers _____ or _____ on the day of the field trip.

Child's Doctor: _____ Phone: _____

My child has the following health condition(s) and or allergies: _____

List all the medications your child routinely takes (even when not at school):

During the field trip, my child will need to take the following medication(s) at the following time(s): _____

If unable to reach Parent/Guardian. _____, at the emergency numbers listed, I/we hereby grant permission for a licensed health care professional and or treatment center to administer to my child, appropriate medical care in the event of an accident, illness or emergency.

Parent/Guardian Signature: _____ Date: _____

Please remove bottom portion of this slip and save it as a reminder of date and times.

Field Trip Destination: _____ **Kings Island – Cincinnati, OH** _____

Field Trip Date: _____ **Tuesday May 30th** _____

Time leaving school: _____ **7:15am** Time returning to school: _____ **10:00pm** _____

Food arrangements: **Students will provide their own lunch/dinner (please bring money)**