

GREAT MEADOWS REGIONAL SCHOOL DISTRICT

PO Box 74

Great Meadows, New Jersey 07838

TRAVEL AUTHORIZATION FOR CLASS FIELD TRIP

CHILD'S NAME _____ GRADE 8th

DATE OF TRIP: June 7, 8 & 9, 2017

DESTINATION: Washington, DC

SITES TO BE VISITED: Museums, Monuments, the Zoo, Arlington Cemetery, and the White House

SUPERVISING TEACHER: Mr. Marmolejos

TIME OF DEPARTURE June 7th at 7:00 am

APPROXIMATE TIME OF RETURN: June 9th at 7:00 pm

MODE OF TRANSPORTATION Charter Bus

The school district attempts to keep costs for field trips to a minimum. It recognizes, however, that special circumstances do occur. If you are unable to pay the cost of the trip due to financial difficulties, please contact either your child's homeroom teacher or the school nurse.

It is understood that the child is subject to all school regulations while away from school. All damages to public or private property sustained as a direct or indirect result of the child's not obeying rules and supervision will be assessed and liability assumed by the parent/guardian. It is further understood that this permission form will serve as a waiver denying the school district responsibility for damage or loss to personally owned student property. In the case of a return to school after school hours, parents are expected to be in attendance for child pick up and teacher supervision will be provided for a reasonable period of time only.

PLEASE NOTE THAT ALL RETURNED CHECKS WILL BE CHARGED AN ADDITIONAL FEE OF \$16.00.

I hereby give permission for my child _____ to leave the school premises for the field trip described.

MEDICAL AUTHORIZATION

In case of a medical emergency, this will serve as authorization for the supervising teacher to act in the event that parents or family physician cannot be reached at the following numbers:

Parent/Guardian: (1) _____ (2) _____ Physician _____

Name of Family Physician: _____

Medical conditions _____ chaperones _____ should _____ know _____

Date

Signature of Parent/Guardian

4/16/14