

**LENAPE VALLEY REGIONAL HIGH SCHOOL
PERMISSION SLIP FOR TRIPS**

I hereby give permission for _____ to go on a trip to _____
(NAME OF STUDENT) (NAME OF PLACE OR TRIP)

on _____. The students will be leaving school at _____ (AM/PM) will return at approximately
(DATE)

_____ (AM/PM). _____ will be sponsoring the trip.
(NAME OF CLASS OR SCHOOL ORGANIZATION)

Transportation will be provided by _____.

If the Board is providing bus transportation, all students attending the field trip shall be required to accept such transportation, unless the student will be transported by his/her own parent or guardian. If the Board determines that students will be transported in privately owned passenger vehicles driven by parent volunteers or a teacher, then such volunteers or teachers shall be required to (1) own/lease a private passenger vehicle of eight or fewer capacity, with a current NJ inspection sticker; (2) hold a valid NJ driver's license with no convictions for moving violations; and (3) provide evidence of at least the statutorily required insurance coverage.

I also fully understand that this is a school approved field trip and my child must be in "good standing" in school to attend this trip. If my child is not in "good standing" at the time of the trip, I understand that my child will not be permitted to attend this trip and all monies paid in advance for the trip are non-refundable.

As part of giving this permission, I/We agree to hold the Board completely harmless and indemnify the Board, from any claims or suits of any kind whatsoever, of or relating to this school field trip and/or related transportation. I/We understand that the Board is not responsible for any loss or damage the student may incur participating in this program.

(PRINT NAME OF PARENT/LEGAL GUARDIAN) (DATE)

(SIGNATURE OF PARENT/LEGAL GUARDIAN) (DATE)

(EMERGENCY PHONE NUMBER)

MEDICAL REQUIREMENTS

Student Name: _____

Please check the appropriate statements and provide medical information as appropriate.

1. ___ My child does not have any medical conditions requiring medication or special nursing assistance on this trip.
2. ___ My child has the following medical condition. _____
 - a) ___ My child will not need to take medication or require special nursing assistance on this trip, a doctor's order confirming this is attached.
 - b) ___ My child will need to take medication on this trip. (A prescription medication form completed and signed by parent/guardian and physician is required. The form may be obtained from the school nurse.)

I (We), the undersigned, being the parent(s) or legal guardian(s) of the above minor do hereby authorize the designated Lenape Valley Regional High School staff and/or chaperones to whom we have entrusted the care of this minor, consent to any necessary emergency medical or surgical treatment, anesthesia or any required diagnostic tests in event the I (we) cannot be contacted.

- The nature of this field trip and the potential for autonomous mobility requires students to strictly adhere to the supervisory guidelines provided. Students therefore understand that there is an increased expectation of independent student responsibility.