

# Parsippany-Troy Hills School District

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## FIELD TRIP PERMISSION FORM

Permission is hereby given to my child \_\_\_\_\_ Grade \_\_\_\_\_

to attend a field trip to \_\_\_\_\_

on (date) \_\_\_\_\_ (time from/to) \_\_\_\_\_

with teacher(s) \_\_\_\_\_

Means of transportation \_\_\_\_\_

Purpose of trip \_\_\_\_\_

Y  N **NOTE: My child is in need of medication prescribed by a doctor while on this field trip. I understand that the medication order must be on file with the nurse in order to be administered on the trip.**

If yes, please list the name of the medication

\_\_\_\_\_.

**Please contact the school nurse if you have any questions.**

**Parent name (please print)**

\_\_\_\_\_

**Parent signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Cell #** \_\_\_\_\_

**Work #** \_\_\_\_\_

**Home/Evening #** \_\_\_\_\_