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**Teresa M. Rafferty**  
Superintendent of Schools

**Deborah I. Dawson, Psy.D.**  
Supervisor of Counseling and Health Services

EXTENDED FIELD TRIP PERMISSION FORM (Overnight)

I hereby give consent for my child, \_\_\_\_\_,  
to attend the field trip to the **FBLA National Leadership Conference, held at the Anaheim Marriott and Hilton Anaheim (students will lodge at the Anaheim Marriott Suites in Anaheim, California.**

Departure is from **Newark-Liberty Airport** on **Tuesday, June 27, 2017**, returning on **Monday, July 3, 2017** (parents/guardians are responsible for transportation to/from Newark-Liberty Airport).

Supervising Teacher: Mr. Michaels

Student's Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Secondary Emergency Contact Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Name of Medical Insurance Company \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Student's Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

Date of Most Recent DTP/Tetanus Booster \_\_\_\_\_

By New Jersey Law, students are allowed to carry and self-administer: Epipens, asthma inhalers, insulin and glucagon **IF** we have a doctor's order allowing them to do so.

NO OTHER MEDICATION MAY BE CARRIED BY A STUDENT ON THE TRIP.  
OVER-THE-COUNTER MEDICATIONS MAY NOT BE CARRIED BY STUDENTS ON THE TRIP.

A nurse will accompany the trip to administer medications.

**All medications must be accompanied by a doctor's order.**

**NOTE:** Prescription medication must be in the original pharmacy-labeled container; over-the-counter medication must be in the original unopened container.

-BOTH SIDES OF THIS FORM MUST BE COMPLETED-

## Medical Concerns - Please Read Carefully

Please let us know your child's medication needs during this trip. (if applicable, please write "NONE"):

List any Allergies or Medical Conditions your child has:

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\_\_\_\_\_ My child is to take his/her regularly prescribed medication while on this trip.

Medications that must be taken during the trip:

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\_\_\_\_\_ My child is allowed to carry and to use if necessary his/her inhaler while on this trip.

\_\_\_\_\_ My child is allowed to carry and to use if necessary his/her EpiPen while on this trip.

\_\_\_\_\_ My child has diabetes and is allowed to carry insulin and glucagon.

\_\_\_\_\_ Due to the medical status of my child, I wish to accompany him/her on this trip.

\_\_\_\_\_ My child does **NOT** need to take medication while on this trip.

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**Signature of Parent/Guardian (signature)**

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**Date**

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Legal Parent/Guardian Name - printed clearly

Student's Full Name (Print): \_\_\_\_\_

I hereby consent for those supervising this activity to obtain, if necessary, emergency treatment for my son/daughter, \_\_\_\_\_.

Print Full Name of Student

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**Signature of Parent/Guardian**

I have instructed my son/daughter to take **no** medication from any other student.

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**Signature of Parent/Guardian**

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**Signature of Student**

I assume full responsibility for my son's/daughter's good behavior and shall not hold the Board of Education, school employees or parent chaperones responsible for any incidents that may occur. Parental notification will take place for failure to follow all rules and regulations as indicated by the chaperones.

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**Signature of Parent/Guardian**

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**Signature of Student**