

**Bernards Township Public Schools  
Oak Street School  
Field Trip Permission Slip**

Please complete this form that will accompany your child on the field trip. This information is necessary should we need to contact you while we are away from the school. No student will be allowed to participate without this form being filled out **and** signed by the parent or guardian. The information on this form is considered confidential **and** will accompany the school trip leader/nurse on the trip.

Permission is granted for \_\_\_\_\_ to take a trip to  
name of student

\_\_\_\_\_ by \_\_\_\_\_  
destination mode of transportation

on \_\_\_\_\_ . Time of departure is \_\_\_\_\_ and time of return  
date

is \_\_\_\_\_.

Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.

Student's Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Conditions requiring special consideration (medical/physical) \_\_\_\_\_

Any medications currently taken (type of medication and time of administration)

**Contact Information for Day of Field Trip Only**

Primary Contact Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home phone # ( ) \_\_\_\_\_ Work phone # ( ) \_\_\_\_\_

Cell/pager# \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home phone # ( ) \_\_\_\_\_ Work phone # ( ) \_\_\_\_\_

Cell/pager # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

**Health Insurance Information**

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**To any doctor or hospital: The above signature constitutes authorization to perform any necessary treatment for my child during this field trip.**