



TOMS RIVER REGIONAL SCHOOL DISTRICT
FIELD TRIP PERMISSION SLIP

Dear Parent/Guardian:

Our class will be taking a trip as follows:

Trip Destination: _____ Date: _____

Bus Pick Up Time: _____ Bus Return Time: _____

A bagged lunch will be necessary: Yes _____ (No Glass Bottles) No _____

This trip is a part of our regular curriculum and academically, an enriching and well-planned experience for students.

Please contact the school nurse, upon receipt of this permission form, **if there are any health concerns for your child**. This includes serious and/or life threatening medical needs such as severe bee sting reactions, peanut allergies, asthma attacks, diabetes, **absolutely** necessary medication, etc. Please state if your child will need to bring any medication on this trip.

Please sign the bottom portion of this slip and have your child return it by _____.

Sincerely,



I give permission for my child to go on the field trip listed below:

Trip Destination: _____ Date: _____

Child's Name: _____ Grade: _____

Teacher's Name: _____ Room #: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: _____ Phone #: _____

Medication: YES _____ NO _____ Name of Medication _____