

**Governor Livingston High School**  
**Out-of-School Student Field Trip Permission Form**

Student: \_\_\_\_\_ Date of Trip: May 14, 2018

Destination: Montclair State University, 1 Normal Avenue, Montclair NJ

Departure Time: 5:15pm Return Time: 11pm

Teacher: Talarico/Elefante Student Cost: \$10.00

***Please return signed permission slip by Friday 4/27. Thank you!***

**Parent Approval Section:**

*After viewing the above information, I give permission for \_\_\_\_\_*

*to go to Montclair State University Theatre Night Awards with the Cast and Crew of Suite Surrender.*

*I agree to assume all responsibility for the payment of his/her expenses (if any) in connection with this trip.*

*Signature* \_\_\_\_\_

*It is the school policy to have students remain together as a group and return at the same time.*

BERKELEY HEIGHTS PUBLIC SCHOOLS  
FIELD TRIP PARENT PERMISSION SLIP

School: Governor Livingston High School Grade: 9-12 Teacher: Talarico/Elefante

Date of Trip: May 14, 2018 Time of Trip: 5:15pm departure from GLHS

Trip Location: Montclair State University, 1 Normal Avenue, Montclair NJ

Time and Place of Return: 11pm at GLHS

-----please tear here -----

My child, \_\_\_\_\_, has permission to participate in a school field trip to Montclair State University on Monday, May 14, 2018.

Please check one of the following:

\_\_\_\_\_ My child has no serious illness or health problems which would require special attention during the trip

\_\_\_\_\_ My child has the following health condition(s), which you should be aware of:

Allergies to foods \_\_\_\_\_  
(Please list all foods)

Other allergies \_\_\_\_\_

Present Medications \_\_\_\_\_

Diabetic \_\_\_\_\_ Other \_\_\_\_\_

**It is the parents' responsibility to ensure this current information has been communicated to the Health Office.**

During the trip I may be reached at \_\_\_\_\_

The telephone number is \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Physician's name and telephone number \_\_\_\_\_

Additional remarks \_\_\_\_\_

I understand that this permission slip is for this field trip only.

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

\_\_\_\_\_  
Date