

PERMISSION SLIP AND A CHECK WRITTEN IN BLUE OR BLACK INK IN THE AMOUNT OF \$75.00 PAYABLE TO SPF BOE IS DUE NO LATER THAN WEDNESDAY, MAY 21, 2025. NO PERMISSION SLIPS WILL BE ACCEPTED AFTER THAT DATE.

**SCOTCH PLAINS FANWOOD PUBLIC SCHOOLS
FIELD TRIP PERMISSION SLIP**

Student Name: _____ Teacher: FIRST PERIOD TEACHER

Destination/Activity: SEE PAGE 2

Date of Trip: SEE PAGE 2 Time of Departure: SEE PAGE 2 Time of Return: SEE PAGE 2

1. Students participating in a school field trip are to observe all school behavior expectations.
2. Student luggage and lodging rooms are subject to inspection and search at any time by school officials.
3. It is the student's responsibility to arrange for missed work resulting from this trip.
4. I understand that this form must be completed and turned in to the teacher/advisor at least 10 days prior to the field trip..

Please list all information that medical providers, staff and chaperones may need to know for the proper care of your child in case of an emergency:

_____ Asthma Inhale _____
_____ Allergies List _____
_____ Heart Murmur _____
_____ Seizures Explain: _____
_____ Diabetes Insulin Type: _____

Other Conditions (Be Specific) _____

Medications Being Taken: _____

Medications Being Taken:

Medication cannot be administered on field trips. If your child has a life threatening medical condition, (i.e. asthma, anaphylactic reaction) which requires medication, please contact the school nurse for a request for self-administration of medication form which your doctor must complete and sign. The completed form must be returned to the school nurse prior to the date of the field trip. Medication must be in the original prescription labeled contained. For any questions regarding medication on field trips, please contact the school nurse.

I have read the contents of this form and hereby give permission for my son/daughter to attend the field trip. I also understand that school officials have the right to conduct reasonable searches on student luggage or other belongings.

Home Phone Number: _____
Area Code Number

Parent/Guardian Work Number: _____
Name Area Code Number Ext.

Parent/Guardian Work Number: _____
Name Area Code Number Ext.

Emergency Number: _____
Name Area Code Number Ext.

Parent Signature: _____

PLEASE CHECK EACH OF THE EVENTS
YOU WILL BE ATTENDING

STUDENT'S NAME: _____

☐ GRADE 8 PARTY – TERRILL MIDDLE SCHOOL,
JUNE 6, 2025 – 7:00 P.M. TO 8:30 P.M IN THE MPR. THIS
PERMISSION SLIP IS NOT CONNECTED TO THE PTA 8TH
GRADE PARTY DONATION.

☐ FROGBRIDGE, MILLSTONE TOWNSHIP, NEW
JERSEY, JUNE 18, 2025 – 8:15 A.M. TO 3:30 P.M. – **COST**
OF TRIP - \$75.00, PAYABLE TO SPF BOE WRITTEN IN
BLUE OR BLACK INK. NO CASH PLEASE. PLEASE ONE
PERMISSION SLIP AND ONE PAYMENT PER STUDENT
PLEASE.

☒ RECOGNITION CEREMONY REHEARSAL, SPF HIGH
SCHOOL, JUNE 24, 2025, 8:30 A.M. – 11:30 A.M.

PERMISSION SLIPS TOGETHER WITH PAYMENT
SHOULD BE RETURNED TO YOUR CHILD'S **FIRST PERIOD**
TEACHER BY MAY 21, 2025. YOU MUST COMPLETE AND
RETURN BOTH SIDES. ONE PERMISSION SLIP AND ONE
PAYMENT PER STUDENT PLEASE. NO PERMISSION SLIPS
OR PAYMENT WILL BE ACCEPTED AFTER MAY 21, 2025.

PARENT'S SIGNATURE

DATE