MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT
OVERNIGHT FIELD TRIP PERMISSION FORM

__________________________________________ has my permission to participate in this
(Student Name)

__________________________________________ at _____________________________________
(Activity) (Location)

Departure: Date: ________ Time: ________ Transportation: ________

Return: Date: ________ Time: ________ Transportation: ________

I am aware that this activity requires overnight lodging. I am also aware of my responsibility to transport my
son/daughter home from the vocational school.

In the event of a MEDICAL EMERGENCY, I give permission for ____________________________
(School Official)
to obtain EMERGENCY MEDICAL TREATMENT for ____________________________ .
(Student Name)

__________________________________________ Date: ____________
(Parent/Guardian Signature)

Health Update: Allergies __________________________________________

Medications __________________________________________ Special Conditions __________________________________________

Emergency Phone Numbers (two for day and evening)

Day: ____________________________ __________________________ (Phone Number)
(Name) (Relationship)

Day: ____________________________ __________________________ (Phone Number)
(Name) (Relationship)

Evening: ____________________________ __________________________ (Phone Number)
(Name) (Relationship)

Evening: ____________________________ __________________________ (Phone Number)
(Name) (Relationship)

*If a private car will pick up your son/daughter upon return to the Vocational School, please give the name of the
person driving and obtain a signature of that person.

Name of Driver ____________________________ Signature of Driver ____________________________

Signature of Parent/Guardian __________________________________________

Transportation Validation: Do not write below this line.

Date: __________ Name of Driver: ____________________________

Time: __________ Signature of Driver: ____________________________