

MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT

OVERNIGHT FIELD TRIP PERMISSION FORM

THIS IS A LEGAL DOCUMENT, PLEASE READ IT CAREFULLY BEFORE SIGNING

I, _____, parent/guardian of _____, hereby give
(Parents Name) (Student Name)
permission for my child to participate in the following overnight field trip:

Description of Trip: _____

Location: _____

Departure location / date / time: _____

Return location / date / time: _____

The Student and parent / guardian acknowledge and agree as follows:

1. This activity requires overnight lodging. It is the parent or guardian's responsibility to provide transport for student to and / or from home and the departure and return locations.
2. This trip will take place away from school property. It may involve transportation provided by non-school provided means and non-school vehicles. This trip will involve overnight stays in hotels or other non-school facilities.
3. The student's participation in this trip is entirely voluntary. The student and parent or guardian expressly acknowledges that such participation potentially involves unknown risks and obligations that are impossible to predict but which are beyond the scope of those normally associated with traditional school functions.
4. The student's participation in this trip may be terminated for the student's failure to follow the school's code of conduct, failure to follow any of the Monmouth County Vocational School District's policies and / or regulations, failure to follow the instructions of the teacher and chaperones during the trip, or failure to make timely payment of all fees and expenses. Parents and students consent to student's bags and hotel rooms being subject to search, if there is reasonable suspicion of the possession and / or use of substances and / or alcohol; weapons; and / or for any other code of conduct violation.
5. It is the responsibility of students and their parents/guardians to ensure students are physically and medically fit and able to participate in this trip prior to departure. The risk of infection of COVID-19 increases when individuals gather or are in close contact. Students and staff may be in close proximity to one another during the trip. The Monmouth County Vocational School District cannot guarantee that students will not contract COVID-19 while participating in this trip, which includes overnight travel. The nature of an overnight trip could increase the risk of infection of COVID-19. If a student displays symptoms of respiratory distress or illness they will be asked not to participate and must isolate, with intermittent adult supervision, medical services may be called and / or a COVID test may

be administered at the sole discretion of the District representatives. In the event student cannot continue to participate in the trip and must isolate, parents / guardians are fully responsible to arrive at the destination location, at their sole cost and expense to take student home. Certain facilities or businesses may request proof of COVID vaccination. Alternate activities may be provided for students who are unable to produce proof of COVID vaccination. Students will not be permitted to participate in the overnight field trip if before departure or during the trip the student is exhibiting symptoms consistent with COVID-19. Students may be required to participate in a daily health check. Students are required to wear a face mask upon request of a school representative.

6. If the student's participation is terminated for any reason (including but limited to illness and / or COVID, code of conduct violation and / or the possession of alcohol, substances or weapons), parents/guardians agree to travel to the location to assume responsibility for the student, including during quarantine if applicable. Parents / Guardians shall bear all costs associated with the student's return home. When it is necessary to quarantine a student or return a student home, a school representative will personally notify the parent/guardian.
7. The school reserves the right to change the itinerary and / or adjust activity costs to reflect changes in fuel costs, transportation costs, or other related expenses.
8. The school reserves the right to cancel the trip due to insufficient participation or any other circumstances.
9. The parent/guardian gives permission in case of an emergency, for school representatives and/or chaperones to take whatever means are in their estimation deemed necessary. Parents / guardians understand that this may include, but not be limited to, the administration of an epinephrine auto injector prescribed under a standing protocol to any student with or without a known history of anaphylaxis, consistent with N.J.S.A. 18A:40-12.5.

Parent / Guardian also, specifically requests and gives permission that trained chaperones to administer the following treatment(s) and or medication(s) to Student, whether in case of emergency or for an ongoing medical need:

- Epinephrine auto injector for treatment of anaphylaxis (auto injector must be provided one week prior to the scheduled date of the trip along with a prescription for same. Also provide a list of all allergens within one week of the scheduled date of the trip.)
- Blood glucose monitoring (medical instructions, monitoring device and all necessary medical accessories required for the proper performance of blood glucose monitoring must be provided to school one week prior to the scheduled date of the trip along with a prescription for same.)
- Other (please list the medication): _____

Prescription for this medication with an explanation of the medical need and protocols for same must be provided to school, a minimum of one week prior to the scheduled date of the trip.

10. Parents will automatically be contacted in case of serious sickness or accident; however, an emergency situation that requires immediate medical attention could occur during the trip. Please provide four (4) phone numbers where a parent, guardian, or authorized person may be reached to give consent to medical treatment.

Name: _____ Relationship _____ Telephone _____

