

**KNOWLTON TOWNSHIP
SCHOOL DISTRICT**

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Jeannine DeFalco
Superintendent

Dana Carroll
Vice Principal

September 6, 2017

Dear Parents:

Your child and his/her class will be participating in various educational field trips this year. Field trips are an extension of the curriculum.

Please read and complete the attached form and return it to the school immediately. You have the option of withdrawing your child from a particular field trip(s) as long as adequate prior notification is given to the school.

Enclosed is a copy of the Board of Education's official policy regarding field trips. Please review it for your information.

Yours truly,

Jeannine DeFalco
Superintendent

JD/dgv

Enclosures

Providing a Comprehensive Education in a Nurturing Environment

Field Trip Permission Form

I know of no physical or medical condition that would adversely affect my child's ability to participate in field trips, except as set forth herein. In an absolute medical emergency, the school will transport the child to the nearest medical facility, and if so directed by the attending physician, any emergency drugs will be administered, but only in the case of an absolute emergency. In such case, I give permission to the teacher in charge of the field trip to authorize the treatment of any medical and/or hospital care by any hospital or medical doctor. In addition, I specifically authorize the said teacher to administer any emergency first aid and/or medication that he/she may feel comfortable or appropriate in administering and if any is so administered, I do hereby agree to release, hold harmless and indemnify the teacher for any action so taken.

The School Nurse does not attend all field trips. Please check below as to the status of your child's specific medical need (i.e. allergy medication, inhalers, insulin or other prescribed medications). You must contact the School Nurse to discuss this medical need prior to the field trip.

In connection with these medical needs, I will be providing the school with a statement from my child's treating physician setting forth (a) my child's medical problem(s); (b) treatment in the event of an emergency; (c) whether or not in the physician's opinion it is medically and reasonably acceptable for the student to go on the proposed field trip.

I will make sure my child is picked up promptly if the trip returns after regular dismissal.

My signature below indicates that I have received and read the above notification about my child's field trip and agree to be bound by all of the information set forth herein.

Grade _____ Teacher _____

My child, _____, has my permission to go on all field trips planned for his/her grade during the school year 2017-18.

_____ Date _____ Parent/Guardian Signature

_____ My child does have specific medical needs; I will discuss them with the school nurse.

_____ My child does not have any known medical needs.