

**NEW PROVIDENCE SCHOOL DISTRICT**

**FIELD TRIP/ACTIVITY PARENT/GUARDIAN PERMISSION FORM**

**MIDDLE SCHOOL** **DUE MAY 10th**

STUDENT'S NAME: \_\_\_\_\_ DATE OF ACTIVITY: 6/14/2019

ACTIVITY: Kalahari Waterpark Resort DEPARTURE TIME: 7:50 AM

LOCATION: 250 Kalahari Boulevard, Pocono Manor, PA 18346 RETURN TIME: 4:30 PM

TEACHER IN CHARGE: Mrs. Malinauskas

TRANSPORTATION  District-owned Vehicle  Hired Vehicle  Other ( Charter Bus )

COST: \$75.00 (Make checks payable to New Providence Middle School)

SPECIAL INSTRUCTIONS: Lunch is included

***It is important that each student return a response from a parent/guardian indicating whether or not the student will be participating in this activity.***

**STUDENT RESPONSIBILITY:** Students will be expected to behave in an appropriate manner. Any behavior which is believed by the supervisors/chaperones to jeopardize other students or the nature of this activity may result in any involved students' being sent home.

During this trip, parents/guardians can be reached at:

1st Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2nd Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ I **DO** grant my child permission to participate in this activity.

\_\_\_\_\_ My child **WILL NOT** participate in this activity. (Please note: Work will be provided for students who do not participate, and attendance in school on the day of the activity is mandatory.)

\_\_\_\_\_ I give my child permission to **walk home** or be **released without a parent present** upon return.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check if appropriate: \_\_\_\_\_ Special dietary/medical concerns. (specify below)

*Pursuant to State Law and Board of Education policy, teachers/chaperones are not permitted to administer any medication.*