

Field Trip Permission Slip

_____ has my permission to attend the field trip

to _____

sponsored by _____ PHS Student Council _____.

on _____

Day

Date

Time

Homeroom

Telephone #

It is an educational trip and is a part of the regular school program. **If medication is needed on the field trip, students must see the school nurse at least two weeks prior to departure.** In the event that any of the undersigned (parent/guardian and/or student) must cancel and/or cannot go on the trip for any reason whatsoever (illness, disciplinary reasons, etc.), it will be the sole responsibility of the undersigned parent/guardian to contact the appropriate agencies or parties to secure any and all refunds that are available. The undersigned hereby consents that under no circumstances is the Phillipsburg Board of Education responsible for any of their monetary losses directly or indirectly related to the trip.

Gregory Troxell/Janice Trent
Assistant Principals

I understand and accept the conditions noted above.

Date

Parent's Signature