

MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT
ACADEMY OF ALLIED HEALTH & SCIENCE

FIELD TRIP PERMISSION FORM

The students in the Class of 2021 will be leaving the building for a field trip to **Shark River Park** on **Thursday, September 7th**. Students will go to their 3rd and 4th period classes after lunch, at 11:30 am. The plan is to begin the day in homeroom until the bus arrives.

Students should bring a lunch and a drink, which will be left at school until their return. Water will be available at the park. Students should wear sneakers and school appropriate shorts. **Cell phones will be left at school.**

The students will leave our building at **8:20** and return by **10:40**.

Please return this permission slip on the first day of school, **September 6, 2017**

Special Instructions: _____

_____ has my permission to participate in this event.
Student's Name

In the event of a MEDICAL EMERGENCY, I give permission for _____
Student's Name
to receive EMERGENCY MEDICAL TREATMENT.

Parent/Guardian Signature

Date

Parent Home Phone # _____

Parent Work Phone # _____

Student's Address _____

Parent email address _____

Thank you,

Mrs. Riehl and Mrs. Wilson, Advisors for the Class of 2021

Alyse Riehl *Getchen Wilson*