

**MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT  
OVERNIGHT FIELD TRIP PERMISSION FORM**

\_\_\_\_\_ has my permission to participate in this  
(Student Name)

\_\_\_\_\_ at \_\_\_\_\_  
(Activity) (Location)

Departure: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Transportation: \_\_\_\_\_

Return: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Transportation: \_\_\_\_\_

I am aware that this activity requires overnight lodging. I am also aware of my responsibility to transport my son/daughter home from the vocational school.

In the event of a MEDICAL EMERGENCY, I give permission for \_\_\_\_\_  
(School Official)

to obtain EMERGENCY MEDICAL TREATMENT for \_\_\_\_\_  
(Student Name)

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

Health Update: Allergies \_\_\_\_\_

Medications \_\_\_\_\_ Special Conditions \_\_\_\_\_

Emergency Phone Numbers (two for day and evening)

Day: \_\_\_\_\_  
(Name) (Relationship) (Phone Number)

Day: \_\_\_\_\_  
(Name) (Relationship) (Phone Number)

Evening: \_\_\_\_\_  
(Name) (Relationship) (Phone Number)

Evening: \_\_\_\_\_  
(Name) (Relationship) (Phone Number)

\*If a private car will pick up your son/daughter upon return to the Vocational School, please give the name of the person driving and obtain a signature of that person.

Name of Driver \_\_\_\_\_ Signature of Driver \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Transportation Validation: Do not write below this line. \_\_\_\_\_

Date: \_\_\_\_\_ Name of Driver: \_\_\_\_\_

Time: \_\_\_\_\_ Signature of Driver: \_\_\_\_\_