Manville School District
• 908.231.8500
1100 Brooks Blvd., Manville, NJ 08835 • www.manvilleschools.org

FIELD TRIP PERMISSION FORM

District Policy 2340 – Field Trips

Please review the following information in accordance with District Policy 2340:

- Students may be excluded from a trip by the teacher or administration due to behavioral issues, poor attendance, or unsatisfactory academic performance.
- If a student is unable to attend, the teacher will provide an alternative assignment. Students may use the regular appeals process if they wish to contest this decision.
- Refunds will not be issued for students excluded for academic, disciplinary, or attendance-related reasons.
- Permission slips must be returned at least seven (7) days prior to the trip in order for a student to participate.
- Students are expected to demonstrate exemplary behavior and appropriate dress while on field trips.
- Students are responsible for completing all missed classwork and assignments.
- All students are required to use the transportation provided by the school.

To Be Completed by Teacher:

Destination: Duke Farms
Date of Trip: October 7, 2026
Teacher/Staff in Charge: Mr./Mrs./Ms. Kurzius
Method of Transportation: Bus
Approximate Time:

- Departure: 8:00 a.m.
- Return: 1:30 p.m.

To Be Completed by Parent/Guardian:

I give permission for my child, _____, to participate in the field trip described above.
If the trip returns to the school **after** the regular dismissal time of _____, my child will be picked up by the following person(s):

Name and Relationship to Child: _____
Phone Number: _____
Parent/Guardian Signature: _____
Date: _____

Every Child, Every Day

updated: 10/2025

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Short-Term Illness & Medication Policy

- Medication will not be administered for any pre-existing short-term illness or infection during field trips.
- Students who are ill should remain home to rest and recover.
- Failure to notify the advisor, nurse, or principal of a student's medical needs may result in the student being denied participation.
- In the event of serious illness or injury, parents/guardians will be contacted immediately.

Please provide **two emergency contacts** who can authorize medical treatment if necessary:

Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____

Emergency Medical Consent

In the event that the above individuals cannot be reached, I, the undersigned parent/guardian of _____, authorize a qualified medical professional to provide the necessary treatment and/or medication to my child in the event of an emergency.

Parent/Guardian Signature: _____
Date: _____