

ESSEX COUNTY SCHOOLS OF TECHNOLOGY ADMINISTRATIVE OFFICE
LEROY SMITH PUBLIC SAFETY BUILDING
60 NELSON PLACE – 1 NORTH
NEWARK, NEW JERSEY 07102
(973) 412- 2050
www.essextech.org

Payne Tech Campus
498-544 W. Market Street
Newark, NJ 07107
(973) 412-2205

Newark Tech Campus
91 W. Market Street
Newark, NJ 07103
(973) 412-2204

West Caldwell Campus
620 Passaic Avenue
West Caldwell, NJ 07094
(973) 412-2205

FIELD TRIP PERMISSION FORM

Date(s) of Trip/Event: _____

Activity _____ Head Chaperone _____

Student Name: _____ Age _____ Sex F/M _____
Last First

Home Address: _____ City _____ Zip Code _____

Family Physician _____ Office Phone _____

Parent/Guardian _____ Work Phone _____ Cell _____

Emergency Contact _____ Relationship _____ Phone _____

Health History

Allergies

Insect Bites ___ Asthma ___ Hay Fever ___ Seafood ___ Food (wheat/nuts) ___ Penicillin ___ Other _____

Conditions

Heart disease ___ Diabetes ___ Hypertension ___ Epilepsy ___ Other _____

Current Medications

Dietary Considerations

Is there any other important health related information concerning your child?

I hereby give my child consent to participate in this school sponsored program and furthermore release said school from all liability for injuries sustained by my child during or resulting from participation in this activity.

Parent/Guardian Signature

Date

SHARED TIME STUDENTS:

Permission is granted by the student's sending district to participate in the above activity.

School District _____

Principal/Counselor Signature

School District Phone #: _____

All students will be returned to ECST following the trip. It is the responsibility of the student and parents/guardians to arrange for transportation home.

July 1, 2018