



WATCHUNG HILLS REGIONAL HIGH SCHOOL

Elizabeth C. Jewett Superintendent
Timothy M. Stys, CPA Business Administrator
George P. Alexis Principal

FIELD TRIP PERMISSION SLIP

My child \_\_\_\_\_ ID # \_\_\_\_\_ has my permission to go to

\_\_\_\_\_ on \_\_\_\_\_
The trip coordinator is \_\_\_\_\_

I understand that the school will provide faculty supervision
The group will leave from school and return to school

Table with 2 columns: Estimated time of departure, Estimated time of return

Transportation home to be provided by \_\_\_\_\_
WHRHS provides transportation to and from the event

\*\* My child has the following health condition(s): \_\_\_\_\_
\*\*Please write "NONE" if there are no health conditions or medications. Do not leave blank.

My child will be carrying the following medication(s): \_\_\_\_\_
\_\_\_\_\_, and has authorization on file in the school health office to self-administer this medication as prescribed. (Limited to inhalers, insulin, epi-pens, and emergency medication).

It is against school policy for any other prescription or over-the-counter medication to be carried by the student. If a student has to take medication other than those listed above, it must be in the original container with the student's name clearly marked on it, and it must be given to the trip coordinator prior to the trip. An authorization to take must be on file at school, and signed by the parent for over the counter medicine, and by a doctor for prescription drugs. If the student cannot provide proof of this authorization being on file in the health office, the student is not allowed to take the medication during the field trip.

On the day of the trip I can be reached at ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_.

If I am not available, please call \_\_\_\_\_ at ( ) \_\_\_\_\_.
Emergency Contact Name

In the event of an injury or health emergency, I give my permission to WHRHS faculty to provide and/or arrange for the necessary care and treatment of my child.

Health Insurance Company \_\_\_\_\_ I.D. \_\_\_\_\_
Dental Insurance Company \_\_\_\_\_ I.D. \_\_\_\_\_
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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**IDEMNIFICATION/HOLD HARMLESS AGREEMENT**

**PURSUANT TO N.J.S.A 18A:40-12.3 (SELF-MEDICATION)**

Pursuant to N.J.S.A 18A:40-12.3, the undersigned, the parent(s) or guardian(s) of a minor student ( \_\_\_\_\_ ), enrolled in the Watchung Hills Regional High School District, hereby given our permission for \_\_\_\_\_ to self-administer the following medication(s) for a potentially life-threatening illness (identify medication(s) and how to be administered):

A copy of a physician's certification is attached, establishing that \_\_\_\_\_ has a life-threatening illness and is capable of and has been instructed in self-administering the above mediation(s)

I/we hereby release, indemnify and hold harmless the Watchung Hill Regional High School Board of Education, its officers, agent, servants, and employees, against any and all claims, suits, or causes of action arising out of the self-administration of medication by \_\_\_\_\_.

PARENT

PARENT

\_\_\_\_\_

\_\_\_\_\_

DATED:

DATED:

EXPIRES:

(or valid for up to one year)

142109/WH/gen.