



Building Partnerships for Tomorrow

45 Cardinal Drive
Westfield New Jersey 07090
Phone: 908-233-9317
Fax: 908-233-7432
Transportation Fax: 908-518-1669

Appendix L

Terry Foppert
Superintendent
tfoppert@ucesc.org

Robert A. Behot, Ed.D.
Business Administrator/
Board Secretary
rbehot@ucesc.org

Michael J. Kowalski
Director of Pupil & Personnel Services
mkowalski@ucesc.org

William C. Schaarschmidt
Transportation Coordinator
wschaarschmidt@ucesc.org

**Union County Educational Services Commission
Field Trip Permission Form**

School: _____ **Field Trip Date:** _____

Location/Activity: _____

Departure From School (Time): _____ **Return To School (Time):** _____

Supervising Staff Member(s): _____

Items to Send on Trip: _____ **Cost (If Applicable):** _____

1. I have been informed of the details of this supervised educational field trip.
2. I hereby give permission for my child to attend this supervised educational field trip.
3. I agree to instruct my child to obey all rules, regulations and instructions given by teachers and/or authorized school personnel. I further agree that no teacher or authorized school personnel shall be held responsible or liable for injuries and/or any other incidents caused by my child's deliberate disobedience of rules, regulations or instructions.
4. I consent to necessary first aide and/or emergency medical treatment for my child as a result of any unanticipated illness or injury sustained during this supervised educational field trip.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND AGREED TO THE ABOVE AND THAT UCESC STAFF HAVE PERMISSION TO TAKE YOUR CHILD ON THIS EDUCATIONAL FIELD TRIP.

Student Name: _____

Parent/Guardian Signature: _____

Home/Work Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____