



Union County T.E.A.M.S. Charter School and High School/College Leadership Academy  
 515-517 West 4<sup>th</sup> Street Plainfield, NJ 07060 \* PHONE: 908.754.9043 \* FAX: 908.754.9053  
[info@ucteams.org](mailto:info@ucteams.org) [www.ucteams.org](http://www.ucteams.org)

**FIELD TRIP PARENTAL CONSENT FORM**

During the 20\_\_-20\_\_ school year, your child may be invited to participate in a field trip away from school. Field trips can include visits to museums, parks, recreational activities, college tours, job shadowing work sites, end of year class trips and more. In order for your child to participate, **you must complete this consent form and return it to school by the 1<sup>st</sup> day of school.** We will maintain all emergency contact information and pre-approvals for traveling off-site during this school year. You will receive detailed information regarding the purpose, place, date, time, dress code, cost, meals, and NJ Core Curriculum Standards in writing prior to each field trip.

Student's Full Name \_\_\_\_\_  
Last First Middle Initial

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Student's Age: \_\_\_\_\_

Parent/Guardian telephone# during the school day (8:00am-3:30pm): \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone# \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone# \_\_\_\_\_ Medical Insurance Co/Policy# \_\_\_\_\_

*It is the responsibility of the parent/guardian to notify UC T.E.A.M.S. of any change in the above contact information.*

**I give my child, \_\_\_\_\_ permission to attend and participate in UC T.E.A.M.S. sponsored field trips this school year. I acknowledge that I have read, understand, & approve of the following statements below:**

- I allow UC T.E.A.M.S. to use photographs and materials made at school and/or on the field trip for school purposes only.
- I will not hold UC T.E.A.M.S. or the school's personnel responsible in the event of an accident or injury.
- I understand that UC T.E.A.M.S. is not responsible for lost or damaged property.
- I will notify UC T.E.A.M.S. of any physical conditions, impairments, or ailments that would prevent my child from engaging in active or passive activities that would be harmful to their health, safety, comfort or physical condition.
- I understand that in an emergency, I will be contacted as soon as possible at the above phone number(s). If I am not available, I have provided an alternate emergency contact name and telephone number above.
- UC T.E.A.M.S. policies and procedures regarding medical information will be enforced during all field trips; such as the inability to administer any medication to a child.
- I understand that UC T.E.A.M.S. may suspend or terminate my child from participating on a field trip for just reason.

**I have read, understand, and agree to the foregoing information. I also authorize UC T.E.A.M.S. administration, teachers, and staff to take whatever measures are in their estimation; deemed necessary, especially in the event of an emergency. I also give permission or my child to be given emergency treatment at a local hospital or on site.**

\_\_\_\_\_  
 Parent/Guardian Name (print)

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

\_\_\_\_\_  
 Date