

Warren County Technical School Field Trip 2024-2025

- Discuss the field trip with Bill Horn in the Main Office. If he gives you the okay, proceed with the paperwork.
- Complete the Field Trip and Requisition forms, which should include any cost(s) associated with the trip.
- Consult with Ray Gara regarding transportation. Ray will initial the form.
- Give completed forms to MJ Schubert in the main office.
- After ensuring the form is complete, MJ will forward the paperwork to Bill Horn for approval.
- The BOE or Derrick Forsythe will give final approval or denial. The staff member will be notified of the decision.

Trips also require B.O.E. approval. Please take this into account. Meeting dates are posted on our website.

- A minimum of 2 chaperones are required for all field trips
- Be sure to put your absence in AESOP as a Field Trip. If you do not need coverage please check no sub needed.
- Notify Maschio's Food Service about the number of students who will not be eating lunch at school
- Provide MJ Schubert a list of students for attendance purposes
- Please note that the school nurse needs a copy of the potential field trip roster before the trip (at least one week) to advise any medical conditions about the students. In some cases, a nurse may be required to attend the trip. Please be mindful of this moving forward.

If you have any questions, please see MJ in the main office.

Warren County Technical School
Teacher Application for Field Trip 2024-2025
Application Date: _____

Requested by: _____ Date of Trip: _____

Destination: _____ Distance One Way: _____

Time Leaving School: _____ Time Returning to School _____

Number of Students Attending _____ Purpose of Trip/Educational Benefit

Means of transportation: _____ If Ray needs to arrange for driver, he
MUST INITIAL HERE, _____ If not please ignore this step
Number of school buses needed: 1 2 3 Cost per bus is \$82.63 per hour
What is the total cost for transportation? (Hours out of the building x hourly cost) _____ (A)
Names of chaperones (at least two chaperones are required)

_____ Sub needed Yes/No
_____ Sub needed Yes/No
_____ Sub needed Yes/No

Total Additional Costs (Entrance Fees, etc. including cost for Chaperones) _____ (B)
Total Cost of Trip _____ (A+B). What will be the Total Cost per Student? _____
Requisitions for Bus and Additional Costs attached yes/no
How is transportation and trip being funded? _____

Approvals:

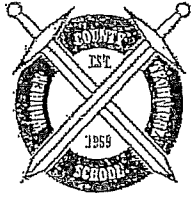
Assistant Principal Date

Superintendent Date

Board Agenda Date

WARREN COUNTY TECHNICAL SCHOOL

1500 Route 57W Washington, NJ 07882



PARENTAL CONSENT AND RELEASE FORM FOR FIELD TRIPS

GENERAL PERMISSION TO ATTEND FIELD TRIP

My child, _____, has permission to participate in the field trip to _____ ("activity") on ____/____/____. I understand that this activity involves travel to and from Warren County Technical School. I also understand that this activity (circle one) does/does not involve staying overnight.

Signature of Parent or Guardian

Date

CONDUCT DURING THE ACTIVITY

I understand that my child's participation in the activity is a privilege and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for this activity, all District policies and procedures, rules of conduct set forth in the student handbook, and all state and federal regulations and laws. I understand that all District rules and policies apply to my child and other students during the course of the field trip. I understand that if my child violates a rule or policy and it is determined that my child cannot continue to participate in the activity, it is my responsibility to arrange for my child to be picked up from the activity. I acknowledge that if my child is not allowed to complete the activity due to their behavior, I will not receive any refund of funds paid to participate in the activity.

Signature of Parent or Guardian

Date

RELEASE AND WAIVER OF LIABILITY

I understand that this activity may expose my child to some risks and I assume any such risk that may arise therefrom. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

By signing this form, I hereby release, waive, discharge and covenant not to sue the Warren County Technical School, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns and volunteers (herein after referred to as "releasees") from all liability to my child, the undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death of my child, while my child participates in an activity that is sponsored, planned or directed by the Warren County Technical School.

I hereby agree to hold harmless the releasees from any loss, liability, damage or cost I/we may incur due to the participation of my child in an activity that is sponsored, planned or directed by the Warren County Technical School.

(OVER)

I assume full responsibility for the risk of bodily injury, death or property damage while my child is participating in an activity sponsored, planned or directed by the Warren County Technical School.

I expressly agree that the foregoing release and waiver of liability is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned, have read, understand and voluntarily sign this release and waiver of liability, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature of Parent or Guardian

Date

CONSENT TO EMERGENCY MEDICAL TREATMENT

I consent and grant my permission for my child to engage in all aspects of the activity. My child is physically fit to participate in all aspects of the activity.

I (we) the undersigned parent, parents or legal guardian of _____, do hereby consent that he/she be permitted to attend (event) _____ on (date) _____ and should the need arise, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of a medical staff or emergency room staff or the staff of any hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power to render any care, which the medical provider in the exercise of his/her best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Warren County Technical School, its officers, or employees for medical aid rendered and will reimburse the Warren County Technical School for all medical or other expense incurred in the care of my child.

In order that my child may receive the necessary medical treatment in the event of an injury or illness, I hereby hold the Warren County Technical School and its representatives harmless in the exercise of this authority.

Signature of Parent or Guardian

Date