



EXPLORER POST #150

53 ACADEMY DRIVE
WESTAMPTON, NEW JERSEY 08060



Permission Slip for Sponsored Field Trip

Child's Name: _____

Address: _____

Phone: _____

Parent/Guardian Name: _____

Phone/Address: _____

(If different from above)

Evening Phone: _____ Pager/Cell: _____

Emergency contact's if parents cannot be reached (Name, Address, Phone): _____

Are there any medical, behavioral, or dietary restrictions, which we should be aware of?

(Please specify including known allergies) _____

Physician's Name, Address, and Phone Nr.: _____

I certify that I am the parent/legal guardian of the above-mentioned child, who has my permission to participate in any field trips that the Burlington County Sheriff's Department Explorer Post 150 may participate in. In the event of illness or accident in the course of this program, I request that measures be instituted without delay as the judgement of medical personnel dictate.

Date

Signature of Parent/Guardian