

The Rumson Country Day School
35 Bellevue Avenue
Rumson, New Jersey 07760
732-842-0527
www.RCDS.org

**FIELD TRIP AUTHORIZATION
2010-2011**

I hereby grant permission for _____
(Student Name)

who is a student in Grade _____, to participate in The Rumson Country Day School's field trips during the 2010-2011 academic year. He/She has my permission to travel via school bus, private or chartered bus, automobile, or other conventional method of transportation, including travel by carpool in a vehicle driven by a faculty member or parent.

I also understand that (should any medication be required by my child for any such field trip or event) any medication will be delivered in advance of any such trip or event to the School Nurse or designated chaperone in order that it may be appropriately dispensed to my child.

(DATE)

(PARENT/GUARDIAN SIGNATURE)

This must be submitted each year for every child.

Please return to Main Office by August 27, 2010.