MT. LEBANON HIGH SCHOOL 155 COCHRAN ROAD PITTSBURGH, PA 15228

PARENT PERMISSION AND INFORMATION FORM FOR STUDENT TO TRAVEL BY SCHOOL GROUPS

Absence from classes for this activity is school-sanctioned. Students must follow school procedures for making up missed class work.

Parents may withhold permission for this trip if class absences will negatively affect the student's school performance.

STUDENTI	NFORMATION		68 8		3	
Name			Birthdate		Student ID	
Homeroom		Teacher			Grade/Section	
Homeroom		reaction			Grade Section	
Home Addre	ess			ZIP	Telephone	
	•				·	
Parent Name	:		E	mergency Telep	hone	
TRAVELINF	OPMATION					
Activity	HIGH SCHOOL	L MARCHII	NG BAND	Sponsor's Na	me JASON CH	HESKAWICH
Location	2023-24 SCHO	OL YEAR	()•			
Location			200			
Departure	SEE SCHEDU	JLE	Ret	urn		
(Please give Date and Time)			(Please give Date and Time)			
Check method of	f transportation: School	Rus □ Public C	arrier MChartere	d Carrier Rents	Car Private CC	or Other
Check inclined of	transportation. 🖂 ocnou	Jas 🔲 rubile e	arrier Menantere	d Carrier Rent	a car	a 🗀 Ouici
OTHER INFO	ORMATION:					
completed me	FORMATION: Please dication orders as need oth physician and pare	ed. **All medi	cations (prescrip	otion and non-pr	escription), if to be s	
Medical Con	dition(s)	1	3			
Allergies						
	s) presently taken during	school hours				
**Emergency Medications (check corresponding box if medication will be with			Epinephrine Auto Injector			
	ing Field Trip)**	in be with	☐ Inhaler			
I give permissi	on for my child to receiv	e emergency car	re while on this fi	eld trip	(Parent Initials)	
issues associate	ct messaging and/or photed with this activity. My wish to be contacted in I nation.)	son/daugter's p	hone number is:		Please con	ntact the activity
Signature			Signatu	ire		
(Student)			(Parent/Guardian)			
This form must						

MR. CHESKAWICH by TUESDAY, AUGUST 1, 2023

One copy is kept by the sponsor/teacher; one copy to the principal's office.