

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.

STUDENT INFORMATION

Name		Birthdate		Student ID	
Homeroom		Teacher		Grade/Section	
Home Address		ZIP		Telephone	
Parent Name		Emergency Telephone			

TRAVEL INFORMATION

Activity	All travel with the 2019-2020 Mt. Lebanon Blue Devil Marching Band		Sponsor's Name	Mr. Cheskawich
Location	See Schedule			
Departure	-- --	Return	-- --	

(Please give Date and Time) (Please give Date and Time)

Check method of transportation: School Bus Public Carrier Chartered Carrier Rental Car Private Car Other

OTHER INFORMATION:

MEDICAL INFORMATION: Please make sure your students' health office has current contact/medical information and completed medication orders as needed. ****All medications (prescription and non-prescription), if to be sent on a field trip, need to have both physician and parent written permission (including self-carry orders).****

Medical Condition(s)	
Allergies	
Medication(s) presently taken during school hours	
Emergency Medications (check corresponding box if medication will be with student during Field Trip)	<input type="checkbox"/> Epinephrine Auto Injector <input type="checkbox"/> Inhaler

I give permission for my child to receive emergency care while on this field trip. _____ (Parent Initials)

If available, text messaging and/or phone contact may be used to communicate with my son/daughter by staff members regarding issues associated with this activity. My son/daughter's phone number is: _____ Please contact the activity sponsor if you wish to be contacted in lieu of or in addition to your child. (See School Board Policy GBEE Student Communications for more information.)

Signature _____ Signature _____
 (Student) (Parent/Guardian)

This form must be returned to _____ (Sponsor/Teacher) By (Date)

Mrs. Higgins Monday, August 5
 One copy is kept by the sponsor/teacher; one copy to the principal's office.