

PINE GROVE AREA SCHOOL DISTRICT
PINE GROVE, PENNSYLVANIA

FIELD TRIP PERMISSION FORM

Parent/Guardian's Hold Harmless and Acknowledgement of Risk Agreement

Dear Parent/Guardian:

In anticipation of your student's upcoming field trip, we provide the following information. This agreement is entered into with the full understanding that the field trip may involve activities which, by their very nature, may be hazardous and under circumstances which render individual supervision difficult. Fully acknowledging this, your signature gives permission for your son/daughter to attend the field trip.

Sponsor/Teacher Name _____ School _____

Name of Student _____ Grade/Homeroom _____

D.O.B. _____ Address _____

City _____ State _____ Zip _____

Description of Trip _____

Date of Trip _____ Hours of Trip _____ to _____

In compliance with district policy, no student is permitted to carry any form of medication. Arrangements for transport of medication essential to your student's health should be made with the school nurse. If your student will need any medication during the trip, you are encouraged to accompany your student.

Parent or guardian of student requiring daily medication must check one of the following:

1. _____ I understand that my student will omit his/her daily scheduled medication on the day of the trip.
2. _____ My student may take his/her regularly scheduled medication upon returning to school.
3. _____ I will accompany my student on the trip and will administer his/her medication.

If you check #1 or #2 please provide doctor's note of confirmation to the school nurse five days prior to the scheduled field trip.

The following information must be supplied for all students attending this field trip:

A PARENT OR GUARDIAN CAN BE REACHED AT THE FOLLOWING TELEPHONE NUMBERS ON THE DAY OF THE ACTIVITY:

Mother or Guardian _____

Home _____ Work _____ Cell _____

Father or Guardian _____

Home _____ Work _____ Cell _____

PERSON TO CALL IF A PARENT OR GUARDIAN CANNOT BE REACHED:

Contact #1 Name _____ Phone _____

Contact #2 Name _____ Phone _____

Physician Name _____ Phone _____

Any serious allergies or medical conditions _____

Medications _____

Date of Last Tetnus Shot _____

In case of illness or emergency, I authorize the official of the Pine Grove Area School District to contact directly the persons named on this form. In the event parents, physician, or other persons named on this form cannot be contacted, the school officials are authorized to take whatever action is deemed necessary for the health and safety of my student. I also give permission that my student may be taken to the hospital and treated in case of an emergency.

Date

Signature or Parent or Guardian