



STUDENT PERMIT FOR SCHOOL FIELD TRIP

My child _____ has my permission to go on a trip to FLORIDA by CHARTER BUS during March 22-28, 2018. MR. SCHWARTZ, MR. DRAIME, MR. WOLF and MR. WOLF will act as guides on this trip.

RELEASE OF RESPONSIBILITY

I agree not to hold the above named teacher(s) responsible in the event of illness or any other accident which may befall my child on this trip

_____ Parent/Guardian Signature	_____ Date	Please Sign 
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This paper must be returned if your child is to go on the above trip.

EMERGENCY INFORMATION

Please Print

Student's name _____ Grade _____ Birth Date _____
Last First

Address _____ Home Telephone _____

Where can parents be reached if not at home?

Mother's Address _____ Telephone _____ Cell _____

Father's Address _____ Telephone _____ Cell _____

List **TWO** neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Telephone _____

2. Name _____ Telephone _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent/guardian _____	Please Sign 
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Allergies _____

Other conditions _____

Local physician's name _____

Address _____

Office Telephone _____

PLEASE FILL IN ALL LINES EVEN IF NOT APPLICABLE

(N/A)