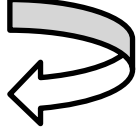


# STUDENT PERMIT FOR SCHOOL FIELD TRIP

My child \_\_\_\_\_ has my permission to go on a trip to Cincinnati by CHARTER BUS during May 10-12, 2018. MR. DRAIME and MR. SCHWARTZ 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

|                           |       |   |
|---------------------------|-------|---|
| _____                     | _____ | Please Sign  |
| Parent/Guardian Signature | Date  |   |

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  |
|------------------------------------|---|

Allergies \_\_\_\_\_

Other conditions \_\_\_\_\_

Local physician's name \_\_\_\_\_

Address \_\_\_\_\_

Office Telephone \_\_\_\_\_

**PLEASE FILL IN ALL LINES EVEN IF NOT APPLICABLE**

(N/A)