

UPPER DUBLIN HIGH SCHOOL

FIELD TRIP FORM - PARENT PERMISSION

_____ has my permission to go on a school-sponsored field trip to _____ on _____ .
Destination Date

_____ transportation will be used.
(Type of Transportation)

During this activity I can be reached at _____, Telephone No. _____
Location

IN THE EVENT THAT EMERGENCY MEDICAL TREATMENT BECOMES NECESSARY AND I CANNOT BE REACHED, I GIVE PERMISSION FOR THE ABOVE-NAMED STUDENT TO BE TAKEN TO THE NEAREST HOSPITAL FOR TREATMENT, AND WILL ACCEPT FINANCIAL RESPONSIBILITY.

Health Concerns: _____

_____ Date _____ Signature of Parent/Guardian

Copies: White - Attendance Office; Yellow - Field Trip Sponsor