

Upper Perkiomen School District
Day Field Trip Parental Authorization Form

All blanks must be completed and the form returned to the Teacher

Building: Upper Perkiomen High School

Grade: _____

Teacher's Name: _____

Date of Trip: _____

Destination: _____ Admission/Transportation Fee: _____

Leaving Time: _____

Returning Time *(to school)* _____

Program Starts: _____

Ends _____

Method of Transportation: _____

Student's Name: _____

Emergency Contacts:

Parent/Guardian:

Parent/Guardian:

Relative/Friend:

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Medical Information:

Family Physician: _____

Phone: _____

Special Medical conditions or needs of your child: _____

Statement of Consent:

I give consent for _____ to participate in this event. I in doing so, agree to the following:
(student's name)

1. In case of medical emergency, I grant the chaperones the right to authorize medical care, if none of the contacts above can be reached.
2. I agree to pay the expense of returning my child home before termination of the event if he or she does not adhere to established standards of conduct.
3. The school is not responsible for damage or loss of property personally owned by my child.

Parent or Guardian's Signature

Date

This form must accompany teacher on trip

Revised 9/20/05