



CORRY AREA SCHOOL DISTRICT

PARENT PERMISSION FORM FOR SCHOOL FIELD TRIP

DEAR PARENT/GUARDIAN:

THE _____ HAS PLANNED A VISIT TO:

ON THE FOLLOWING DATE(S): _____

BETWEEN THE HOURS OF: _____ AM/PM AND _____ AM/PM

UNDER THE SPONSORSHIP OF THE CORRY AREA SCHOOL DISTRICT.

WE WILL TRAVEL BY: SCHOOL VAN SCHOOL BUS

IF YOU APPROVE, PLEASE COMPLETE THE BOTTOM FORM ... SIGN IT... AND
RETURN IT TO THE SUPERVISING TEACHER.

SINCERELY,

(Teacher * Sponsor)

MY DAUGHTER/SON, _____ HAS MY/OUR

PERMISSION TO ATTEND THE _____
Name of Field Trip or Activity

ON: _____ BETWEEN THE HOURS OF _____ A.M./P.M. AND _____ A.M./P.M.

PARENT/GUARDIAN SIGNATURE

Allergies and/or other medical condition of my son/daughter: _____

Telephone number that I can be reached at in the event of an emergency: _____

Contact Person: _____

It is understood that in case of an emergency, the school authorities use their own judgment in sending the child to a hospital or to a physician most easily accessible if parents cannot be reached. Please name your child's form of medical insurance coverage and policy number.

Medical Insurance Policy Number