

# PENN MANOR SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: July 2, 2012

REVISED:

## 231-AR-1-FORM-2. CLASS TRIP PARENTAL PERMISSION/MEDICAL INFORMATION FORM

Dear Parents/Guardians:

Completing and signing this parental permission/medical information form will assure proper supervision of your child. The Class of \_\_\_\_\_ will be traveling to \_\_\_\_\_  
(Destination)

under the supervision of \_\_\_\_\_ and \_\_\_\_\_ chaperones.  
(Faculty Advisor)

Date/Time/Place of Departure: \_\_\_\_\_

Date/Time/Place of Return: \_\_\_\_\_

Your student will be participating in activities that include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate below your approval for your child to participate in the class trip and return the completed form to the designated faculty advisor responsible for the trip by

\_\_\_\_\_  
(Date)

I/We do approve participation in the class trip by \_\_\_\_\_.  
(Student Name)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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STUDENT MEDICAL INFORMATION

Student: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

Student's Medical Issues: \_\_\_\_\_  
\_\_\_\_\_

Medications Needed: \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance: Company: \_\_\_\_\_

Group Number: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

I/We, \_\_\_\_\_ parent(s)/guardian(s) of  
\_\_\_\_\_, do hereby execute the following  
(Print Student's Name)

agreement:

I/We agree to indemnify and release the school district, designated staff member and chaperones from liability for any injuries incurred during the class trip.

I/We grant permission to a nurse, physician or hospital to administer medical services and/or medication to my child.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date