

PARENT PERMISSION AND INFORMATION FORM FOR STUDENT TO TRAVEL BY SCHOOL GROUPS

Absence from classes for this activity is school-sanctioned. Students must follow school procedures for making up missed class work.

Parents may withhold permission for this trip if class absences will negatively affect the student's school performance.

STUDENT INFORMATION

Name		Birthdate		Student ID	
------	--	-----------	--	------------	--

Homeroom		Teacher		Grade/Section	
----------	--	---------	--	---------------	--

Home Address		ZIP		Telephone	
--------------	--	-----	--	-----------	--

Parent Name		Emergency Telephone	
-------------	--	---------------------	--

TRAVEL INFORMATION

Activity	Parkway West Exploratory	Sponsor's Name	Elizabeth Schneider
----------	--------------------------	----------------	---------------------

Location	Parkway West Career & Technology Center
----------	---

Departure	Friday, January 10, 2020 7:30 AM	Return	Friday, January 10, 2020 10:30 AM
	(Please give Date and Time)		(Please give Date and Time)

Check method of transportation: School Bus Public Carrier Chartered Carrier Rental Car Private Car Other

OTHER INFORMATION: Parents of Middle School Students are required to transport their child to the high school in order to catch the bus at the C-20 entrance at 7:30 AM. Upon return from the field trip, Middle School students will be dropped off at their respective schools. Signed permission slip must be received at the High School by January 7, 2020 in order for students to participate in the event. Any questions should be directed to Mrs. Schneider. Her contact information is: 412-344-2063 and eschneider@mtlsd.net.

MEDICAL INFORMATION: Please make sure your students' health office has current contact/medical information and completed medication orders as needed. ****All medications (prescription and non-prescription), if to be sent on a field trip, need to have both physician and parent written permission (including self-carry orders).****

Medical Condition(s)	
Allergies	
Medication(s) presently taken during school hours	
Emergency Medications (check corresponding box if medication will be with student during Field Trip)	<input type="checkbox"/> Epinephrine Auto Injector <input type="checkbox"/> Inhaler

I give permission for my child to receive emergency care while on this field trip. _____ (Parent Initials)

If available, text messaging and/or phone contact may be used to communicate with my son/daughter by staff members regarding issues associated with this activity. My son/daughter's phone number is: _____ Please contact the activity sponsor if you wish to be contacted in lieu of or in addition to your child. (See School Board Policy GBEE Student Communications for more information.)

Signature _____ Signature _____
 (Student) (Parent/Guardian)

This form must be returned to Mrs. Schneider (Sponsor/Teacher) By (Date) January 7, 2020