PALMERTON AREA SCHOOL DISTRICT

Parent/Guardian Authorization Form
Field Trip/Activity Participation

Student's Name: _____ Grade _____

Activity/Trip: _____

Location(s): _____

Date(s) of Activity/Trip: _____

Departure Time: _____ Expected Return Time: _____

Teacher/Advisor Name: _____

Expenses to Student: _____

Transportation:

_____ District transportation (bus or van) will be provided for this trip/activity.
_____ PTO will provide a charter bus for this trip/activity.
_____ District employee will provide transportation in his/her personal vehicle.
Employee's full name: _____

Meal Information:

_____ A meal is not needed for this trip.

_____ Students will need a lunch for this field trip. Please check one of the options below:
_____ My child will need to order a bagged lunch* from the cafeteria
*Bagged lunch = cold sandwich, bag of carrots, sliced apples, & a bottle of water

_____ My child will bring a lunch from home (no glass containers/bottles please)

Emergency Contact Information:
If there is an emergency and you (parent/guardian) cannot be reached, please indicate who should be contacted:

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

As a parent or legal guardian, I grant permission for my child (listed above) to participate in the trip/activity described above and accept responsibility for the associated transportation (listed above). The teachers or chaperones in charge are requested to authorize emergency medical care for my child while he/she is participating in this activity.

Parent/Guardian signature: _____ Date: _____

Phone Number(s): _____