

PENFIELD CENTRAL SCHOOL DISTRICT

PARENT/GUARDIAN PERMISSION FOR DAYTIME FIELD TRIP

<input type="checkbox"/> COBBLES	<input type="checkbox"/> HARRIS HILL	<input type="checkbox"/> INDIAN LANDING
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<input type="checkbox"/> SCRIBNER	<input type="checkbox"/> BAY TRAIL	<input checked="" type="checkbox"/> HIGH SCHOOL
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Field Trip #:

Your child's class will be participating in a school sponsored field trip to:

Kodak Industrial Park

For the academic purpose of:

FIRST Robotics Build Season Kickoff!

Date:
Saturday, Jan 8, 2011

Leaving school at:
8:15am

Returning to school at:
1:00pm

Special Instructions:

Lunch Arrangements:

Clothing Requirements

Other:

Parents should keep the top half and return the bottom half of this form

I give permission for my child:

To participate in this field trip to:
on:

Child's medical condition school should be aware of:

Phone number(s) at which parent/guardian can be reached if necessary during field trip:

Name:

Phone:

Name:

Phone:

In the event of an emergency, my signature below constitutes permission for my child to receive medical evaluation and necessary treatment to ensure his/her safety. Such treatment may come from either my child's physician or another physician or medical facility as deemed appropriate by the supervising Penfield School District staff member. AS my Attorney In Fact, I give the staff member my permission to execute any necessary documents in connection with the medical treatment including any required guarantee of payment.

Physician's Name and Phone Number:

Signature of Parent/Guardian:

Date: