

PCHS Field Trip Permission Form

Form must be completed in this order:
1. Top of form must be completed
2. Sponsor must sign acknowledgement of academic performance.
3. Parents must sign permission and acknowledgment of academic performance.

Student's name: _____ **Field trip date(s):** _____
Club/Organization: _____ **Trip Duration:** _____
Sponsor: _____ **Destination:** _____

All PCHS rules and policies per handbook (school and bus rules) apply to all field trips. Additional rules may apply pending teacher/administration discretion.

Academic Performance—To be completed by Academic Teachers

1st block: _____	2nd block: _____
3rd block: _____	4th block: _____
Sponsor Signature: _____	

PERMISSION FORM VOID WITHOUT SPONSOR SIGNATURE

All emergency information must be completed below. In case of an emergency, parents and administration must be contacted immediately.

Emergency Permission Form

Student's Name: _____ **Grade:** _____ **Age:** _____
Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency: _____
Please list any allergies or medications: _____
Has student been prescribed an inhaler or epipen? _____ **Diabetic?** _____
Is student presently taking medication? _____ **If so, please list:** _____
Does student wear contact lenses? _____ **Please list date of last tetanus shot:** _____

Emergency Authorization:

In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the teachers, sponsors, and staff of PCHS to hospitalize, secure proper treatment for and to order injection and /or anesthesia and /or surgery for the student named above.

Daytime phone number: _____ **Evening phone number:** _____

Relationship to student: _____

Signature of parent or guardian

Emergency form may be reproduced to travel with club/organization and is acceptable for emergency treatment if necessary.

I certify that all of the above information is correct. _____
Signature of parent or guardian

I GIVE PERMISSION for my child to participate in the above field trip:

Signature of parent or guardian **Date:** _____

I DO NOT GIVE PERMISSION for my child to participate in the above field trip:

Signature of parent or guardian **Date:** _____