

Student Permission for School Field Trip

Academic, Extra-Curricular, and Athletic



Location of Trip: _____

Date Trip Will Begin: _____

Date Trip Will End: _____

South Williamsport Area
School District
515 West Central Ave.
South Williamsport, PA 17702

Phone: 570-327-1581

Fax: 570-326-0641

www.swasd.org

Group and/or Grade Level: _____

Name of Staff-in-Charge: _____

Email: _____@swasd.org

For Questions Call: _____

Description of the Trip / Itinerary: (Attached).

The primary district contact for this trip will attach a detailed itinerary including departure and return times, lunch options, destinations, in addition to any essential information including appropriate attire, money, meals, etc.

Please Read, Sign and Return

As the parent/guardian of the below named student, I have read the attached field trip itinerary and give permission for my student to participate in this trip.

I understand that there are risks of physical injury associated with participation in these activities. In the event of illness or injury, I authorize qualified emergency medical professionals to examine and administer emergency care to my student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

I understand these activities are an extension of the school program and student conduct is to be in accordance with the school's published rules and regulations.

Parent / Guardian (Print): _____ Student: _____

Parent / Guardian (Signature): _____ Date: _____

Primary Contact Number: _____ Relationship: _____