

MT. LEBANON HIGH SCHOOL
155 COCHRAN ROAD
PITTSBURGH, PA 15228

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				Business Telephone	

TRAVEL INFORMATION:

Activity	Parkway West Exploratory	Sponsor's Name	Elizabeth Schneider
Location	Parkway West Career & Technology Center Oakdale Pa 15071		
Departure	Thursday, February 15, 2019 7:30 AM (Please give Date and Time)	Return	Thursday, February 15, 2019 10:30 AM (Please give Date and Time)

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

OTHER INFORMATION: Add information here:

MEDICAL INFORMATION:

Medical Condition(s)	
Allergies	
Medication(s) presently taken during school hours	

(Students are responsible for bringing all emergency supplies, i.e., inhaler supplies, diabetic supplies, EPI-Pen, doctor ordered medication, etc. The student will not be permitted to participate in the field trip if he/she does not have emergency supplies.)

I give permission for my child to receive emergency care while on this field trip.

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

This form must be returned to Mrs. Schneider (Sponsor/Teacher) By (Date) Wednesday, February 13, 2019

One copy is kept by the sponsor; one copy to the principal's office.