

SOUTHERN TIOGA SCHOOL DISTRICT  
241 MAIN STREET, BLOSSBURG, PA 16912-1155

**FIELD/CLASS TRIP PARENT PERMISSION FORM**  
(10/96 update 10/08)

*Please complete the following information and return to your child's school.*

**EMERGENCY INFORMATION**

Students Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

In case of an emergency and a parent or guardian cannot be contacted, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION**

In case of the necessity of emergency medical treatment, I authorize a representative of the Southern Tioga School District to act in my behalf by signing any forms necessary for medical treatment. I understand that this authorization will be in effect during the field/class trip.

Insurance Information \_\_\_\_\_

Allergies \_\_\_\_\_

Medication (include name and dosage) \_\_\_\_\_

\_\_\_\_\_

Important Medical History \_\_\_\_\_

\_\_\_\_\_

**PARENT PERMISSION**

I give my child permission to attend the field/class trip to

(trip destination) \_\_\_\_\_ on (date) \_\_\_\_\_

I understand the provisions of the trip and also understand that if my child does not follow the Southern Tioga School District guidelines and regulations, as enforced by the chaperones, I will be contacted and expected to make arrangements for my child's immediate return at my own expense.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date