



Polska Szkoła im Gen. Wł. Andersa

Parent/Guardian Permission Form

I, the parent/guardian of _____, give the permission for the trip planned to:

Student's Name

_____, on ____ / ____ / ____

(place)

(date)

Departure Time _____ (Approximate) Return time _____

Cost: \$ _____

I give my son/daughter permission to travel with the teacher _____ to the event

(Name of teacher)

_____ and back to school via _____.

(location)

(mode of transportation).

EMERGENCY INFORMATION

On the day of the trip I can be reached at the following telephone number: ____ - ____ - ____

In the event that I cannot be reached, please contact _____

at the following number: ____ - ____ - ____

In the case of a medical emergency, the adult leader have my permission to act on my behalf to obtain emergency treatment (calling 911) for my son/daughter by any recognized hospital or doctor.

My child has the following: (please check if applicable)

- Allergies please list _____
- Asthma
- Diabetes
- Other medical condition _____

Medication that must be taken on this field trip:

Signature of parent / guardian _____ Date ____ / ____ / ____