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| LACONIA HIGH SCHOOL  Student Field Trip Permission Form    Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_Sex:\_\_\_\_Grade:\_\_\_\_\_    Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    My son/daughter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to    attend:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On: \_\_\_\_\_\_\_\_\_\_\_\_    **\*Transportation arranged by LHS\***    I understand that in case of serious injury or illness, I will be notified. I give permission for emergency treatment or surgery as recommended by the attending physician. In case of emergency, please notify:    Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Alternate Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      **\_\_\_\_ I have filled out the medical information on the back of this sheet**    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent/Guardian Date    **Teacher Signatures**: Each teacher signs to indicate you know of this request, have no reason to question it and indicate comments, if desired.    Teacher: Comment(s): |