

LACONIA HIGH SCHOOL
Student Field Trip Permission Form

Student: _____ Age: ___ DOB: _____ Sex: ___ Grade: _____

Home Address: _____ Phone: _____

My son/daughter: _____ has my permission to attend: _____

on: _____ (Date)

Transportation arranged by LHS

I understand that in case of serious injury or illness, I will be notified and I give permission for emergency treatment or surgery as recommended by the attending physician. In case of emergency, please notify:

NAME: _____ Relationship: _____

At: _____ Phone Number: _____

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):

_____	_____
_____	_____
_____	_____
_____	_____