

Lancaster City School District

Parental Permission Form

Field Trip Destination: Band Trips
Field Trip Teacher/Sponsor: Factor, Gerken, Bode, Smith
Date of Trip: See Itinerary Departure Time: See Itinerary Return Time: See Itinerary

STUDENT'S RESPONSIBILITY

1. Students are to return this form to their teacher/ sponsor immediately upon completion.
2. Students are expected to turn in all homework assignments that are due on the day of the field trip.
3. Students will be expected to have made arrangements to obtain and complete all class work and homework missed during the field trip.
4. Students will make arrangements for make-up test to be completed upon their return to school. Students may be asked to come in before or after school.

STUDENTS WITH SPECIAL NEEDS

My student has special medical needs addressed in their IEP, 504, or Individualized Health Care Plan.

- Yes
 No

PERMISSION AUTHORIZATION

- I give permission for my child to travel by school bus/private vehicle in the company of her/his teacher/coach to this field trip or off-campus school event.
 My child and I have read and agree to the Student Responsibility section of this form.

Note: If the medical needs of your child have changed since the completion of the **Emergency Medical Form** for 2017-2018 school year, it is the responsibility of the parent to notify the school by completing a new **Emergency Medical Form**. A new form can be obtained by contacting the building secretary.

Student's Name: _____

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____ Cell/Alternate Number: _____