

LOYALSOCK TOWNSHIP SCHOOL DISTRICT

Donald E. Schick Elementary School
2800 Four Mile Drive, Montoursville, PA 17754
Telephone: 570-326-3554 • Fax: 570-326-1498

FIELD TRIP PERMISSION FORM

My Son/Daughter, _____ has permission to attend
(print student's full name)
the _____ grade field trip to the _____.
(grade) (print attraction name/location)

Students will leave the Elementary School at approximately _____AM/PM and return
to the Elementary School at approximately _____AM/PM.

By signing below, I grant permission to transport the above named student to and from the location of the planned activity. I grant permission for my child to receive any necessary medical treatment (911 Emergency Treatment) in case of an emergency. I am aware that the school nurse **will not** be present on this trip. I will contact the school nurse prior to the field trip to plan for my child's health care needs.

Parent/Guardian Signature

Emergency Contact Numbers:

Cell: _____

Work: _____

Home: _____

Teacher: _____

Special Instructions to Parents/Guardians relating to proper attire, admission fees, meal arrangements, etc.

