



URBANA SCHOOL DISTRICT # 116 FIELD TRIP PERMISSION FORM

Please return permission form by: Thursday, September 12, 2019
(date)

Urbana High School
(School Name)

Peterik/Fernsberg
(Teacher)

PARENT'S/GUARDIANS:

I hereby grant permission for * _____ to participate in a field trip or
(Student Name)

activity to: Sage City Invitational, Monticello sponsored by UHS TMB- Peterik/Fernsberg
(Activity Name/Location) (Teacher/Group/Adult)

on Saturday, Sept. 14 leaving school at 4:30 am/pm and returning at ~9:15 am/pm.
(date)

Transportation for the activity will be provided by: School Bus _____ Walking _____ MTD
_____ Other (specify) _____

Please enclose \$ N/A to cover the cost of trip.

Students should bring money for dinner or a sack dinner. There will be concessions available.

Other information regarding field trip:

In the event of a medical emergency, your child will be taken by ambulance to the closest hospital or trauma center. All medical fees are the parent's responsibility. Your permission is requested for school personnel to sign any medical forms that are needed for the purpose of assuring that emergency treatment can begin as soon as possible. Please sign this request, thereby granting your permission for school personnel to act on your behalf in the case of a medical emergency. Every effort will be made to contact parents prior to exercising the authority contained in this form.

It shall be the parent's responsibility at all times to notify the School District, if, for whatever reason, the parent determines to revoke permission for this field trip. In the event the field trip is cancelled and rescheduled, the District will send home with your child notice of the new date. The District will assume the parent or guardian signing this form authorizes attendance for any subsequent date this trip is rescheduled, regardless if you receive notice of the new date or not. If you are not in agreement with this policy, then you should not authorize your child to attend this trip.

* _____
Parent/Guardian Signature

* _____
Date:

* _____
Daytime Phone

* _____
Cell Phone

Comments: * _____
(Health concerns/Allergies)