

**LANCASTER HIGH SCHOOL
FIELD TRIP RELEASE**

_____ Has my permission to attend
Student's Name

Band Trips

Explanation for Field Trip

Date 2011/2012 School Year Departure Time See Itinerary Return Time See Itinerary

And to travel by school bus/private vehicle in the company of his/her teacher/coach.

Pickenpaugh/Gerken
Teacher's Name

Signature of Parent or Guardian

STUDENT'S RESPONSIBILITY

1. Student is to return this form to their teacher/coach immediately upon completion.
2. Before leaving, students will turn in assignments that are due the day of the trip. Students will be expected to have all homework completed for classes missed upon their return to class the following day. If this is not done, the student will receive a "0" for the assignment.
3. Students will make arrangements for makeup and test times during other periods when the teacher has class and the student has a study hall or lunch. Students may be asked to come in before or after school.

MEDICAL AUTHORIZATION

In the case of an emergency, I give consent for medical treatment of my child after

reasonable attempts to contact me at: _____

Alternate Person to be Notified

Phone Number of Alternate Person

Please state any known medical conditions or medications that your child will need to bring along to take, of which we should be aware.
