

LANCASTER HIGH SCHOOL  
FIELD TRIP RELEASE

Has my permission to attend

Student's Name

Band Trips

Explanation of Field Trip

2010/2011 School Year  
Date

See Itinerary  
Departure Time

See Itinerary  
Return Time

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

Pickenpough / Bode / 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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Pager or Cell-phone

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
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.