

FIELD TRIP PERMISSION FORM

Destination/Purpose of Trip: Walt Disney World, Orlando, FL

Date of Trip: April 17-22, 2022 Approximate Mileage of Trip: _____

Departure Time 11pm am/pm Return Time 7pm am/pm Mode of Transportation: Charter Bus

Transportation Cost to Student: \$ _____ Admission Cost to Student: \$ _____

Other Costs (itemized): \$ _____ Total Cost to Student: \$ _____

Additional Notes: Visit piedmontband.org for all other forms and information pertaining to the trip

Please return to Mr. Lukac no later than _____.

This field trip is (circle one): Refundable Non-refundable

***Note: Make checks payable to your child's school. Returned/NSF checks are collected electronically along with the state-allowed fee (currently \$25.00).**

Please detach and keep top portion for your records – return bottom portion to the school.

Destination: Disney World Date of Trip: April 17-22, 2022

Teacher Name: Mr. Lukac Grade: High School

To parent/guardian: This permission slip must be filled out completely including signature and telephone numbers.

Please print in ink.

Student Name: _____ Parent/Guardian: _____

Home Phone: _____ Parent/Guardian Cell(s): _____

Home Address: _____

Place of Employment: _____

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Student Insurance Purchased (Optional): YES NO

My son/daughter **does not** have a chronic medical condition.

My son/daughter **does** have a chronic medical condition. Please attach any pertinent information regarding any chronic medical conditions or allergies as well as any medication (prescription or otherwise) student is currently taking that must be administered during the course of this field trip.

I hereby **give permission** for my child, _____, to accompany your group on the field trip described above. I also authorize the calling in of a doctor and/or the providing of other necessary medical services at my expense should an emergency arise. I certify that my child is in good health and can participate in all the normal activities of the group.

I **do not** wish my child, _____, to accompany your group on the field trip described above.

Signature of Parent/Guardian: _____ Date: _____

Teacher Approval: 1st: _____ 3rd: _____
2nd: (A) _____ (B) _____ 4th: _____