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FIELD TRIP PARENT/GUARDIAN PERMISSION FORM

Destination/Purpose of Trip: Piedmont Band - Walt Disney World 2024

Date of Trip: April 6-10, 2026 Mileage: - Departure Time: TBA am/pm Return Time: TBA am/pm

Mode of Transportation: Charter Transportation Cost to Student: \$ _____ Admission Cost to Student: \$ _____

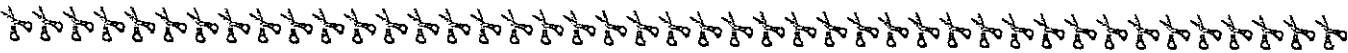
Other Costs (Itemized): \$ _____ Total Cost to Student: \$ _____

Additional Information: log into your STN account for payments

Please return to: Mr. Lukac by: March 13, 2026

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

Preferred Payment Method: Online payment, includes debit/credit: <https://osp.osmsinc.com/unionNC/>
(or www.ucps.k12.nc.us > Connect > Payments > Pay for school items and related fees)



KEEP TOP PORTION FOR YOUR RECORDS - RETURN BOTTOM PORTION TO YOUR CHILD'S TEACHER

Destination: Piedmont Band Disney Trip

Date of Trip: April 6-10, 2026 Teacher Name: Mr. Lukac Grade: HS

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: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Student Insurance Purchased (Optional): Yes No

Medication Information:

- My child **WILL REQUIRE** medication (prescription or otherwise) on this trip and a current Medication Consent is on file at the school. If applicable, I have provided a current Emergency Medication Self-Carry Authorization and it is also on file at the school.
- My child **WILL REQUIRE** medication (prescription or otherwise) on this trip and I will provide a **new Medication Consent**, with physician's signature, to the School Nurse prior to the date of the trip on this form. If applicable, I will also provide an Emergency Medication Self-Carry Authorization, with physician's signature, for my child.
- My child **WILL NOT** require medication (prescription or otherwise) on this trip.

Please provide any relevant allergies or additional chronic medical condition information: _____

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

Don't forget to fill out the back. →