



# Governor Mifflin High School

10 S. Waverly Street, Shillington, PA 19607 • Telephone: 610-775-5089

## Student Permission Form

**PARENT/GUARDIAN:** Please complete and sign this form giving permission for your child to participate in the activity indicated.

I, the parent/guardian of \_\_\_\_\_ give him/her permission to  
participate in \_\_\_\_\_ on \_\_\_\_\_  
student name field trip destination or activity description date(s)

- In the event my child fails to follow all school rules and regulations during the field trip/activity, I understand that he/she will be subject to appropriate disciplinary action.
- In the event of a medical emergency involving my child, I give my consent to the school personnel in charge during the field trip to secure appropriate medical treatment in case a parent/guardian cannot be reached.
- Failure to attend the field trip due to absence, incomplete graduation project, and/or other outstanding obligations will not result in a refund of any deposit, fees, or other money paid for the trip.

### MEDICAL INFORMATION:

List any medications that the student is currently taking at this time: \_\_\_\_\_

Allergies to any medication: \_\_\_\_\_

Does your son/daughter need to take medication while attending this field trip? \_\_\_\_\_ Yes \_\_\_\_\_ No

List the name of the medication and the time the medication needs to be given: \_\_\_\_\_

Does your son/ daughter carry an \_\_\_\_\_ inhaler \_\_\_\_\_ epi-pen? If yes, please describe: \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_  
print name

**Parent/Guardian Signature** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### EMERGENCY CONTACT:

Please list a second contact in case a parent is not available.

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
print name Evening Phone \_\_\_\_\_

### STUDENT:

Please read the statement and sign this form. Return both of the forms to the high school.

I, \_\_\_\_\_, a student at the Governor Mifflin High School, agree to follow all school rules and regulations during this field trip. I understand that failure to do so will result in appropriate disciplinary action.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*This form must be completed with the appropriate signatures before any student will be permitted to participate in the field trip.*