

# SCOTTS HILL HIGH SCHOOL

## Parental Permission Form for School Activities/Field Trips

\_\_\_\_\_ HAS PERMISSION TO TRAVEL  
(STUDENT NAME)  
WITH \_\_\_\_\_ ON \_\_\_\_\_  
(STUDENT ORGANIZATION) (DATE)

THE PURPOSE OF THE TRIP IS \_\_\_\_\_  
\_\_\_\_\_

STUDENTS WILL DEPART SCOTTS HILL HIGH SCHOOL AT \_\_\_\_\_  
AND RETURN AT \_\_\_\_\_ (TIME)  
(TIME)

TRANSPORTATION WILL OCCUR VIA \_\_\_\_\_ **Destination:** \_\_\_\_\_  
\_\_\_\_\_

AND WILL INCLUDE THE FOLLOWING CHAPERONES:  
\_\_\_\_\_  
\_\_\_\_\_

OTHER  
INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of medical emergency, I understand that every effort will be made to contact parent or guardian of the student. In the event that I cannot be reached I hereby give permission to the physician selected by the clinic director at the hospital to secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above. I also understand that all costs incurred in procuring such medical treatment and care shall be my obligation.

\_\_\_\_\_  
(SIGNATURE OF PARENT/GUARDIAN)

\_\_\_\_\_  
(DATE)