

**Please sign and return this form
(one - Elementary School Student per sheet)**

Student Name(s) _____ Date: _____

Teacher: _____ Grade: _____

Has my permission to participate in field trips for the Lake Placid Elementary School during the 2015-2016 school year.

_____ Parent/Guardian (*print*) Date: _____

_____ Parent/Guardian (*signature*)

Address of Parent/Guardian:

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If an emergency should occur during any of the trips and we are not able to contact you, please provide an alternate contact.

Name: _____

Relationship to student: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Please list any medical conditions, medications and/or allergies that we should be aware of:

