

Lake Placid Middle/High School

34 School Street, Lake Placid, NY 12946

**Parental Permission for Field Trip
2012-2013**

This is to certify that I _____ DO _____ DO NOT (check one) give my permission for
_____ (student's name) to participate in and
travel to _____ (location)
on _____ [inclusive date(s).]

I have been given an itinerary and am aware of the travel arrangements for this field trip.

Date: _____

Signature of Parent/Legal Guardian Custodian

Address

_____ Home Phone
_____ Business Phone
_____ Emergency Contact Number

VITAL MEDICAL INFORMATION

Allergies, medication, etc.

This form must be completely filled out and submitted to the teacher/chaperone in charge prior to leaving on field trip.