

Park Hill South High School

Student Field Trip Permit

I hereby give my permission for _____ to join the group of Park Hill South students who are going on a Field Trip to National College Fair on Oct. 24, 2017. I understand the group will be departing at 9:00 AM / PM and returning at approximately 11 AM / PM.

I further understand that this is done with my expressed approval and at my own risk, but know that the Board of Education and Park Hill school officials will make every effort for the safety and well-being of the students going on the trip.

PARENT SIGNATURE _____ DATE: _____

*This form must complete in full for student to attend the field trip

-----cut along line-----

PHSHS Student Field Trip Classroom Permit

_____ (student) will be absent on 10/24/17 (date) for a PHS Field Trip.

Students are responsible to contact all their teachers 2-3 school days prior to the trip to secure lessons for their absence. Students are responsible for all work missed in class due to the absence.

Teacher	Assignment
1 st Block _____	_____
2 nd Block _____	_____
3 rd Block _____	_____
4 th Block _____	_____

*This form must complete in full for student to attend the field trip

PARK HILL SOUTH HIGH SCHOOL

4500 NW RIVER PARK DRIVE

RIVERSIDE, MO 64150

MEDICAL RELEASE

In the event my child, _____, needs medical attention during the field trip to _____, I hereby give my permission to the Park Hill School District (the District) representatives and/or chaperones to take my child to a doctor, hospital or any other medical institution for treatment. I hereby authorize any and all medical treatment which a physician determines necessary under the circumstances and understand that it may not be feasible to contact me prior to the provision of medical treatment. I understand and agree that all medical expenses incurred are the responsibility of the parent(s) or legal guardian(s) and not the responsibility of the District.

Dated this _____ day of _____, 20_____.

Parent/Guardian Signature _____
