

PARENT PERMISSION FORM  
FOR STUDENT PARTICIPATION IN FIELD TRIP

\_\_\_\_\_ Age: \_\_\_\_\_ Enrolled in Grade: \_\_\_\_\_ at Trinity \_\_\_\_\_  
(Full Name of Student) (Elementary – East, West, North, South  
Middle, High School)

Address: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_  
(Street City State Zip Code)

Medical Insurance Company: \_\_\_\_\_ Policy Number/Group Number: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications Being Taken or Prescribed/Possible Side Effects: \_\_\_\_\_

Other Special Medical Conditions or Allergies to Medications: \_\_\_\_\_

Other Special Instructions: \_\_\_\_\_

Alternative Individuals and Emergency Phone

Numbers in the Event You Cannot be Reached: 1. \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Name)

2. \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Name)

I/We, give my/our permission for the above named student to participate in the \_\_\_\_\_ field trip/  
activity to \_\_\_\_\_. By signing this consent form the student also indicates that s/he  
understands this permission form.

I/We, give my/our consent for my/our child to receive medical treatment in the event of injury or illness while  
participating in the above activity. As indicated above we/I further grant to the alternative individual designated  
above the same rights, powers and authority to make decisions concerning medical care for the child as I/we would  
be able to do.

I/We, certify, that I/we (have) (do not have) hospital, health or medical insurance as indicated above. I/We further  
agree to permit said insurance to be used in case of any injury or illness.

I/We, the undersigned, do hereby acknowledge that the liability of the Trinity Area School District is limited  
pursuant to the Pennsylvania Political Subdivision Tort Claims Act and that injuries which my/our son/daughter may  
experience while at school or while participating in a school activity may not be compensable under the aforesaid  
Act.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_  
(Signature)

Employer: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_  
(Signature)

Employer: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Note: If you are a single parent or for any reason difficult to reach, please include above, in addition to your own  
home, work, mobile phone or pager number, the number for another person who you would designate as responsible  
to act on your behalf in the event you cannot be reached.

**TRINITY AREA SCHOOL DISTRICT  
FIELD TRIP PERMISSION  
and  
RELEASE HOLD HARMLESS FORM**

Group (Class or Activity) \_\_\_\_\_

Teacher(s)/Sponsor(s) \_\_\_\_\_

Destination of Field Trip \_\_\_\_\_ Dates of Field Trip \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Method of Transportation \_\_\_\_\_

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Family's Phone Number(\_\_\_\_) \_\_\_\_\_ Cell Phone Number(\_\_\_\_) \_\_\_\_\_

Father's Works Number (\_\_\_\_) \_\_\_\_\_ Mother's Work Number(\_\_\_\_) \_\_\_\_\_

Person to call if neither parent can be reached:

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**RELEASE AND HOLD HARMLESS AGREEMENT**

We agree that the Trinity Area School District and its officers, directors, employees and representatives will not be liable for, and we release, exonerate and hold them harmless from all claims, actions and liabilities of every kind because of personal injuries sustained by our child, and property damage, expense or other loss sustained by us, in connection with our child's participation in this school-sponsored activity. We make this agreement intending to be legally bound.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT PARENT/GUARDIAN NAME \_\_\_\_\_