

EAST PENN SCHOOL DISTRICT
FIELD TRIP PARENTAL PERMISSION AND LIABILITY RELEASE

PARENT/GUARDIANS ARE REQUIRED TO COMPLETE, SIGN, & RETURN DUPLICATE SECTIONS OF PAGE ONE

I understand the arrangements for taking Les Mis cast/crew/pit on a field trip to State Theatre
(Grade/Group/Organization) (Destination)

on 5/21,22,23. We (parent/guardian and student) certify that we have personally inspected the student's luggage,
(Date)

bags, belongings and other personal effects and that they contain no weapons, drugs, alcohol or other contraband.

I hereby give permission for _____, Grade _____ to go on the field trip.
(Student name)

I further consent to allow emergency medical aid to be administered to my child by a qualified person if the need arises.

Health-related information (serious allergy, chronic illness _____)

I hereby release Jill Kuebler, Rita Cortez, the East Penn School District, its administrators, employees and agents from any and all
(Teacher/Advisor name)
liability arising from, or related to the student attending the field trip.

(Date) (Parent/Guardian Signature) (Phone-home) (Phone-cell)

-----TEACHERS – DETACH HERE. Submit top section to Activities Office prior to departure. Keep bottom section for your records and submit to Activities Department after your trip has concluded.-----

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