

**REQUEST FOR FIELD TRIP
PALMERTON AREA HIGH SCHOOL
SUBMIT ONE MONTH PRIOR TO FIELD TRIP**

1. GROUP: _____
2. DESTINATION: _____
LIST ALL STOPS YOU WILL MAKE TO AND FROM YOUR
DESTINATION (INCLUDE LUNCH STOPS)

3. EXPLAIN (ON OTHER SIDE) HOW YOUR FIELD TRIP WILL SUPPLEMENT OR
ENRICH THE CLASSROOM (OR CLUB) CURRICULUM
4. NUMBER OF STUDENTS: _____
5. NAMES OF CHAPERONES: ADVISOR _____
IN-HOUSE CHAPERONE (1) _____
OTHER CHAPERONES: _____
6. EXPENSES:
 - a. SCHOOL DISTRICT _____ c. INDIVIDUALS _____
 - b. GROUP _____
7. DATE PLANNED FOR TRIP: _____
8. TIME SCHEDULE:
 - a. DEPARTURE TIME FROM PALMERTON HS _____
 - b. ESTIMATED TIME OF ARRIVAL AT DESTINATION _____
 - c. TIME OF DEPARTURE FROM DESTINATION _____
 - d. ESTIMATED TIME OF ARRIVAL-PALMERTON HS _____

DATE SUBMITTED: _____

SIGNATURE

{ } RECOMMENDED

{ } NOT RECOMMENDED

PRINCIPAL'S SIGNATURE

DATE OF SUPERINTENDENT AND/OR
SCHOOL BOARD ACTION

SUPERINTENDENT'S SIGNATURE

{ } APPROVED

{ } NOT APPROVED

FUNDED BY _____ (NAME OF CLUB/ACTIVITY)

**PALMERTON AREA HIGH SCHOOL
PARENTAL AUTHORIZATION FOR FIELD TRIP/ACTIVITY PARTICIPATION**

STUDENT NAME: _____ GRADE: _____

THIS SECTION TO BE FILLED IN BY ADVISOR

ACTIVITY: _____ LOCATION: _____
 DATE(S) OF ACTIVITY _____ DEPARTURE TIME: _____
 DATE OF RETURN: _____ TIME RETURNING: _____
 ADVISOR'S NAME: _____ SCHOOL GROUP: _____
 EXPENSES TO STUDENT: _____
 _____ DISTRICT TRANSPORTATION IS PROVIDED FOR THIS ACTIVITY
 _____ DISTRICT EMPLOYEE WILL PROVIDE TRANSPORTATION IN HIS/HER PERSONAL VEHICLE
 _____ OUTSIDE TRANSPORTATION WILL BE PROVIDED BY _____
 _____ NAME OF TRANS. PROVIDER _____
 _____ DISTRICT TRANSPORTATION IS NOT PROVIDED FOR THIS AFTER SCHOOL ACTIVITY (Student participation in this activity is subject to the agreement of the parent or guardian to provide transportation. It is understood that your providing transportation for the student is completely separate of Palmerton Area School District. NOTE: Parent must complete the bottom portion of this form ***)

As parent and/or legal guardian, I grant permission for the student listed above to participate in the activity described above and accept responsibility for the associated transportation as checked above. The teachers or chaperones in charge are requested to authorize emergency medical care for my child while he/she is participating in this activity.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____
 PHONE # FOR EMERGENCY CONTACT: _____
 MEDICAL PROBLEM OF STUDENT: _____

(Medical diagnosis & remedy) i.e., allergy to bee stings (medication needed); diabetes (what to do if student experiences difficulties while on the trip); etc.

ADVISOR SIGNATURE: _____ DATE _____
 PRINCIPAL SIGNATURE: _____ DATE _____

***For activities not during school hours when district transportation is not provided, by authorizing their student to participate (above signature), parents accept responsibility for the student's transportation. These transportation arrangements are separate from Palmerton Area School District. Many times parents permit their student to operate a family vehicle for participation in the activity, or they permit their student to ride to the activity in another car with a fellow teenage driver. For the purpose of the district's accounting of a student's whereabouts during the school day, please indicate below what permission your student has for participation in this activity (PLEASE CHECK ONE ONLY)

- _____ Will operate a family vehicle for participation in this activity (student alone)
- _____ Has permission to operate a family vehicle and take up to _____ classmates to the activity
- _____ Has permission to ride with another teenage classmate to participate in the activity

I understand the inherent risks associated with teenage/student drivers and hereby agree to hold Palmerton Area School District harmless from liability associated with this activity.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

The discipline record, attendance record and academic record will be reviewed and will determine the eligibility of each student

Before Trip _____ (completed by advisor) BUS# _____

Copies to Office—Take originals on Trip