



COLUMBIA

"Dedicated to Excellence..."

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Columbia Borough School District Field Trip Permission Form

_____ has my permission to go on a field/class trip to

Student's Name

on _____

Location

Date and Time

I WILL NOT HOLD THE COLUMBIA BOROUGH SCHOOL DISTRICT, NOR THE PERSON (S) SUPERVISING THIS ACTIVITY, RESPONSIBLE IN ANY WAY FOR ANY ACCIDENT OR ILLNESS THAT MAY RESULT FROM TRAVELING TO OR FROM OR DURING THE ABOVE MENTIONED ACTIVITY.

I understand that should this trip be cancelled, money refunded may be less deposits or cancellation fees.

Parent/Guardian Signature _____

Parent Authorization for Medical Emergency Treatment

In case of a medical emergency, I understand every effort will be made to contact parents or guardians of students participating on field trips. In the event that I cannot be reached, I hereby give permission to the physician selected by the school nurse to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named below.

Student Name _____

Parent Signature _____

Address _____

Work Phone _____

Home Phone _____

Date _____

PARENTS,
PLEASE NOTE ANY ALLERGIES (BEE STINGS, ASTHMA, ETC) AND TREATMENT NECESSARY. WE ALSO ASK THAT YOU NOTIFY THE SCHOOL NURSE PRIOR TO THE TRIP IF ANY MEDICATION (S) IS NECESSARY.