



West Allegheny School District

School Trip Request

1. Parental Notification/Approval Form (cont.)

Student Name: _____

Address: _____

Parent/Guardian Name(s): _____

Contact #s: Cell _____ Work _____ Home _____

Medical Insurance Co: _____
(Students not covered by medical insurance must purchase the school insurance prior to the trip.)

Policy #: _____ Group #: _____

Employer's Name: _____

Please identify any medical concerns your child may have: _____

As the parent/guardian of the above named student, I have read and understand the field trip itinerary and
 grant permission deny permission for my child to participate.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff in charge to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, or illness and/or unforeseen circumstances. In cases of emergency events when, despite every effort being made to reach me, the school staff is unable to do so I give consent for all treatment updates to be provided to the school district staff in charge until the time in which I can be reached.

These activities are an extension of the school education program and student conduct is to be in accordance with the school's published rules and regulations.

Signature of Parent/Guardian

Date

Signature of Student

Date