

THE SCHOOL DISTRICT OF PHILADELPHIA

**PARENTAL PERMISSION**

**TRIP INFORMATION**

School High School of Engineering&Science		School Phone 215-684-5079	Grade/Room 12th	Date Prepared 03/08/17
Teacher Shan Hogan		Destination Rolling Thunder Skating Center(7017 Roosevelt Blvd Philadelphia, PA 19149)		
Educational Purpose of Trip Senior Community building/physical education (Skating 11AM-2PM)--Keystone Late Arrival Day				
Date of Trip 05/15/2017	Leave Time 11AM	Return Time 2PM	Trip Itinerary (summary) Meet@Skate Center at 11AM. Dismiss at 2PM.	
Method of Transportation SEPTA (Students meet at Skate Center)		Cost to Student <input checked="" type="checkbox"/> Free \$ _____	Student Lunch <input type="checkbox"/> Bring <input checked="" type="checkbox"/> Buy <input type="checkbox"/> Provided <input type="checkbox"/> Not Needed	

Please complete and detach the bottom part of this form and return to teacher

**STUDENT INFORMATION**

Name of student: \_\_\_\_\_ I.D.#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

1. Parent/Guardian: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 2. Parent/Guardian: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Student lives with (check all that applies):  Father  Mother  Guardian

**EMERGENCY CONTACTS**

If the parents/guardians cannot be reached, the school will call the people listed below. The people listed below should be responsible individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; 3) have the authority to speak on behalf of the parents or legal guardians.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**HEALTH INFORMATION**

If permission is granted, please provide the following medical information or if your child does not have any of the health conditions listed below, please write "none".

Medication/s being taken by student: \_\_\_\_\_  
 Allergies to foods, drinks, insect bites, medications, other: \_\_\_\_\_  
 Other medical information: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medical/Hospital Insurance: \_\_\_\_\_ Group: \_\_\_\_\_ Type: \_\_\_\_\_

I have read the trip information to: Rolling Thunder Skating Center(7017 Roosevelt Blvd P on 05/15/2017.

Check one: my child  may  may not  go on this trip

I understand that in case of any emergency requiring medical treatment, every effort will be made to reach one of the people listed above. If none of these people can be contacted, I authorize the school to give consent to treatment as deemed necessary by emergency responders.

Print Name of Parent/sor Guardian/s: \_\_\_\_\_

Signature of Parent/sor Guardian/s: \_\_\_\_\_ Date: \_\_\_\_\_

***A copy of this form is to be kept on file until the end of the school year.***