

Name of Student _____
PRINT First Name *PRINT Last Name*



PERMISSION SLIP

Field Trip/Off-Campus Activity

<i>Date/Time of Field Trip:</i>	Thursday May 30th, 2019 7:00pm: Meet at PHS 7:30pm – 8:30pm: PSJMC Roof
<i>For:</i>	Seniors Only; Class of 2019
<i>Destination/Purpose</i>	PSJMC Roof for SENIOR SUNSET: An opportunity for the Senior class to watch the sun set and reflect on their final year at PHS.
<i>Transportation:</i>	None; We will walk to the PSJMC Roof
<i>Supervision:</i>	Administration, Ms. Paolone
<i>Attire:</i>	School Uniform
<i>Costs:</i>	None
<i>Due Date, Other Reminders:</i>	Permission Slips DUE Thursday, May 23rd, to Sarah Vargas

AUTHORIZATION FOR FIELD TRIP/OFF-CAMPUS ACTIVITY & MEDICAL TREATMENT OF MINOR

I/We, the parent(s)/guardian(s) of the above named student, request that Providence High School allow my/our son/daughter to participate in the above field trip/activity. In consideration for making arrangements for this trip, I/We hereby release and save harmless, the school and all its employees from any and all liability arising to my/our son/daughter as a result of this trip. I agree to pay the above costs for this field trip/activity. Additionally, I/We hereby authorize Providence High School to consent on my/our behalf to any reasonable medical treatment and hospital care which is deemed advisable by a medical professional. **Please complete the medical instructions below, if applicable.**

 PRINT Student Name SIGN Student Name Date

 PRINT Parent Name SIGN Parent Name Date

 Parent Cell Number

<p><i>Medical Advisements & Instructions, if applicable (to be completed by parent/guardian)</i></p>
--