

**Lakeland School District**  
Field Trip Permission Form

Destination \_\_\_\_\_ Date \_\_\_\_\_

Departure Time \_\_\_\_\_

Return Time \_\_\_\_\_

Lunch \_\_\_\_\_ will be provided  
\_\_\_\_\_ student's responsibility (purchase or pack)

Cost of trip for student \_\_\_\_\_

- In the event that this trip extends beyond the school day, parents/guardians are to make arrangements to transport their own children.
- Students who do not submit a permission form will not be permitted to attend the trip.
- The Lakeland School district recommends that all participating students have day-to-day insurance coverage as is made available to them by the school district. For more information, please contact the District Office at 570-254-9485.

**EMERGENCY MEDICAL AUTHORIZATION**

Student's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

In the event the parents cannot be contacted, please contact:

\_\_\_\_\_ at phone # \_\_\_\_\_

**ALLERGIES OR SPECIAL INSTRUCTIONS:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and / or for transportation to a hospital emergency room for treatment for any illness or injury.

Preferred physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred hospital \_\_\_\_\_

**THE ABOVE INFORMATION MAY BE SHARED WITH SCHOOL PERSONNEL, WHO HAVE A NEED TO KNOW.**

\_\_\_\_\_  
Signed (Parent or Guardian)