

Student Permission for School Field Trip



South Williamsport Area School District
515 West Central Ave.
South Williamsport, PA
17702

Phone: 570-327-1581
Fax: 570-326-0641
www.swasd.org

Date trip will begin:

Date trip will end:

School:

Group or Grade Level:

Supervising Teacher(s):

Special items / money needed by students:

Description of Trip / Itinerary:

**Every precaution will be exercised during this time to safeguard the welfare of your student and to discharge the school's responsibilities faithfully. There are, however, certain risks involved in transportation, field trips, and associated activities which must be acknowledged and assumed by the parent or guardian.
No student will be taken on this trip without the written consent of the parent or guardian.**

PLEASE READ, SIGN, AND RETURN

I hereby grant approval for my student to participate in the activity listed above. In case of an accident to my student, I hereby release the South Williamsport Area School District, the school administration, and their employees from all responsibility.

Parent / Guardian Signature

Parent / Guardian Name (PRINT)

Date

Student's Name

Parent remarks or specific information relating to your student: