

Permission slip due by
April 5.

**North Central Parke Community School Corporation
Field Trip Parent Permission and Medical Release Form**

Date: _____

School: Parke Heritage High School

Students have many opportunities to participate in various extra class activities as an outgrowth of classroom interests or through special interest clubs. On occasion, it will be to their advantage to attend activities away from the school campus (Field trips). However, the school corporation cannot assume responsibility for the safety and welfare of students while engaged in a field trip beyond making reasonable provision for activity chaperones.

Field Trip Location: Kings Island

Field Trip Date: 5/5/24 Leave Time: _____ Return Time: _____

Purpose of Field Trip: Class Trip ☒ ECA Trip _____ Sponsor Name Stephanie Studebaker

Transportation: Corporation Bus/Mini Bus: ☒ Other-Specify: _____

Projected Student Expense: \$ 20.00 deposit due 4/5 - student will need money for lunch/dinner. Ticket to park will be paid for. Deposit of \$20 will be refunded as long as student attends.

Student Information
Student Name _____ Grade: _____

Address: _____ Birth Date: _____

Parent/Guardian Name: _____ Guardian Contact Number _____

Emergency Phone Number: _____ Relationship to Student: _____

Family Physician: _____ Phone Number: _____

Health Problems/Handicaps? : Yes ☐ No ☐ If yes, please explain: _____

Allergies? ☐ Yes ☐ No If yes, please explain: _____

Is your child presently receiving any type of care from a physician or on any medication? ☐ Yes ☐ No

If yes, please explain: _____

Parent Permission Information: I understand that my child must abide by all NCP Community School Corporation rules, regulations and chaperone instructions on the field trip indicated above. I give my permission for my child to participate in the field trip listed above. I give my permission in advance for any emergency medical care that may be necessary and administered by an authorized health care giver. This emergency care will be at the patients/guardians expense. In case of an accident, I will not hold any individual representing North Central Parke Community School Corporation liable.

Parent /Guardian Signature: _____ Contact # _____

To participate in this field trip, this form must be returned to the teacher/sponsor by this Date: 4/5/24

* Please turn in permission form & \$20 to either Mrs. Studebaker or Mrs. Sturmer (office).