



# FREEPORT AREA SCHOOL DISTRICT

Administration Office  
Post Office Box C, Freeport, Pennsylvania 16229  
(724) 295-5141

**Buffalo Elementary School**  
500 Sarver Road  
Sarver, Pennsylvania 16055  
724-353-9577

**South Buffalo Elementary School**  
562 Freeport Road  
Freeport, Pennsylvania 16229  
724-295-9510

**Freeport Area Middle School**  
629 South Pike Road  
Sarver, Pennsylvania 16055  
724-295-9020

**Freeport Area High School**  
625 South Pike Road  
Sarver, Pennsylvania 16055  
724-295-5143

## PARENTAL / LEGAL GUARDIAN FIELD TRIP PERMISSION FORM

SCHOOL: \_\_\_\_\_ DATE OF FIELD TRIP: \_\_\_\_\_

FIELD TRIP / DESTINATIONS:

Please refer to any attachments for additional information. In order for your child to participate in this field trip this completed permission form must be submitted to the school office along with any required payment by no later than: \_\_\_\_\_

### STUDENT INFORMATION:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

- Parent/Guardian Name: \_\_\_\_\_  
Telephone Numbers: (1) \_\_\_\_\_ (2) \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_  
Telephone Numbers: (1) \_\_\_\_\_ (2) \_\_\_\_\_

### EMERGENCY CONTACT:

If the parents/guardians cannot be reached, the school will call the emergency contact listed below, who is authorized to: 1) give permission to administer health care; 2) pick up your child if your child is ill; 3) speak on behalf of the parents or legal guardians.

Emergency Contact Name: \_\_\_\_\_  
Telephone Numbers: (1) \_\_\_\_\_ (2) \_\_\_\_\_

In the event parents/guardians and the emergency contact cannot be reached, I give permission for a responsible adult to sign on my behalf any necessary medical releases for the treatment of my son/daughter and understand that the person signing said release is in no way responsible for such treatment. If your child requires medical attention, related expenses will be the sole responsibility of the parent/guardian.

### AUTHORIZATION:

- The student named above has permission to attend the field trip referenced above.
- I understand that the field trip is a school activity and, therefore, Freeport Area School District policies, including its student disciplinary policies, apply to the student's participation.
- I recognize that my child's participation in the field trip involves risks that would not be present during school instruction and activities conducted on school premises. I recognize that the Freeport Area School District is not responsible for the actions of other persons who may be present at the site of this field trip. I knowingly and freely assume all such risks, both known and unknown, associated with my child's participation in the field trip.
- For myself on behalf of my minor child, I hereby release and discharge the Freeport Area School District, its directors, administrators, employees, agents, volunteers (including chaperones), successors and assigns from all claims, causes of action, expenses, losses, damages, injuries and/or illnesses arising out of my child's attendance and participation in this event and I agree to indemnify, defend and hold harmless such persons and parties from any and all claims, causes of action, expenses, losses, damages, liability or demands arising from bodily injury, psychological injury, illness, death and/or damage to, loss of and/or destruction of property resulting from such attendance and participation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_