

LOYALSOCK TOWNSHIP SCHOOL DISTRICT
Loyalsock Township Middle School
2101 Loyalsock Drive, Williamsport, PA 17701
Telephone: 570-323-9439 • Fax: 570-322-3952 • www.loyalsocklancers.org

FIELD TRIP PERMISSION FORM

My Son/Daughter, _____ has permission to attend the
(Print Student's Full Name)
_____ grade field trip to the _____ on
(Print Grade) (Print Attraction Name/Location)

(Print Day/Date of Trip)

Students will leave the Middle School at approximately _____ AM/PM and return to the Middle School at approximately _____ AM/PM.

By signing below, I grant permission to transport the above named student to and from the location of the planned activity. I also grant, permission for my child to receive any necessary medical treatment (911 Emergency Treatment) in case of an emergency. **I am aware that the school nurse will not be present on this trip. I will contact the school nurse prior to the field trip to plan for my child's health care needs.**

Parent/Guardian Signature

Telephone Number