

Dear parents and students,

Each student needs to turn in the field trip permission slip to attend. Parents and teachers need to sign the permission slip. THEY ARE DUE BY Wednesday April 3rd. Forms can be handed in over email or dropbox if needed but we ask that you try and get them filled out for Monday's meeting if possible.

We plan on leaving and returning at the following times:

	Thursday	Friday	Saturday
Leave School at	6:30 AM	6:30 AM	6:30 AM
Return to School at	7:30 PM	7:30 PM	7:30 PM

(Return time may vary based on match schedule and playoff performance)

Every student who rides to the competition with us is expected to ride home with us. In the past we have held up the group looking for students who went home with their parents/friends. If you wish to take your child home you **MUST** come in and speak face-to-face with **Cassie Pezza** on that day in order to have your student released to you.

This competition is free, open to the public. Anyone interested is more than welcome to come see us compete. **Students should bring money to buy breakfast, lunch, and plenty of snacks each day. Outside food/drink is allowed at this venue, so feel free to pack food!**

Thank you for your support,

Cassie Pezza	(610) 233-5951	cpezza@haverfordsd.net
Gianine Breslin	(610) 633-7811	gbreslin@haverfordsd.net

**Lehigh University
124 Goodman Drive
Bethlehem, PA 18015**

**PLEASE FILL OUT BELOW and RETURN
*FIRST Mid-Atlantic District Championship***

FIELD TRIP PERMISSION FORM

I. SPONSORING TEACHER INFORMATION

Date _____

_____ is seeking permission to go on a field trip to
Name of Student

Lehigh University on Thursday April 4th to Saturday April 6th from 06:00 AM to 07:30 PM under
Destination Day & Date Departure Time Return time

supervision of Cassie Pezza & Gianine Breslin .

Transportation to be provided by Haverford in the form of School vans, mentors & parents cars
School District Van/Bus/Other

Bring \$\$ for breakfast, lunch, snacks

II. STUDENT RESPONSIBILITY

The student has the responsibility to have this form completed and returned to the sponsor/teacher. This form must be returned to the sponsor/teacher no later than Wednesday April 6th if you fail to do so, you will not be permitted to attend the trip on Thursday or Friday. STUDENTS ARE RESPONSIBLE FOR ANY WORK MISSED AND ARE TO SEE TEACHERS TO MAKE ARRANGEMENTS.

III. TEACHER INFORMATION

Teachers whose classes are to be missed must sign below using a full last name. Your signature does not signify permission, but indicates that you have been notified of this trip.

**A (x) in the parenthesis below indicates that the teacher has concern about this student missing his/her classes.

Block 1 _____ ()

Homeroom _____ () Student are not to be marked absent on the day of the trip

Block 2 _____ ()

Block 3 _____ ()

Block 4 _____ ()

IV. Parent's Approval – Please read carefully _____
Parent Signature

School of District of Haverford Township: Haverford High School
200 Mill Road – Haverford, Pennsylvania 19083 610.853.5900.2001/2527

STUDENT MEDICAL/TRIP AUTHORIZATION (Trips overnight and/or greater than fifty miles)

I _____ hereby grant permission for child to attend this trip and for the properly designated school personnel to have emergency care rendered to my child

_____ He/She is under their supervision/care

Parent's Name _____

Address _____

Phone/cell _____

Work Phone _____

Medical Insurance (Name & Numbers) _____

Personal Physician Phone # _____

Relative or friend who may be contacted (two)

Name _____ Name _____

Relation _____ Relation _____

Phone _____ Phone _____

Medical History (fill in blanks where applicable)

Allergies (including medications) _____

Epilepsy _____ Diabetes _____

Bee Sting _____ Other _____

Daily Medication (name & frequency) _____ I

assume financial responsibility for any medical bills. I further release the school district and its representatives from responsibility for any problems that might be incurred as a result of medical care and/or treatment.

Parent Signature _____ Date _____