

**Pennsylvania Leadership Charter School  
Field Trip Permission Form for the East Junior & Senior Prom**

**Field Trip/Activity Name/Location: Drexel Brook Catering, 4700 Drexelbrook Drive, Drexel Hill, PA 19026**

**Date& Time: 5/17; 7-11 PM**

**Cost of Trip: \$70 per person**

**Transportation: Student's responsibility**

**Facilitator of Field Trip: Mr. Parris**

**Contact Info: 610-701-3333 x1120**

**You can find details about the prom at our website- <http://blog.palcs.org/thepalcsprom/>**

**PLEASE RETURN THIS PORTION TO SCHOOL BY: 5/10/2013**

(Student's Name) \_\_\_\_\_ has permission to attend the field trip to \_\_\_\_\_ on \_\_\_\_\_.

I understand that my child will be transported by \_\_\_\_\_.

I give my permission for my child to receive: Tylenol \_\_\_\_\_ Benadryl \_\_\_\_\_ while on the trip, if necessary.

**Student Health Concerns:** \_\_\_\_\_

I give permission for emergency treatment, if necessary: \_\_\_\_\_ (Yes/No)

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate Emergency Contact Name/ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

***If parent/guardian is not accompanying student on field trip:***

- List below any medications that your child will need during the field trip.
- **All medications must be sent from home and be in the bottle with the original RX/medication label and given to the teacher.**

- I understand that if I do not list them below, no medication will be given during the trip.

*Please contact the school nurse if you have any questions.*

My child will need the following medications for the trip:

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**Photo Release:**

Throughout the field trip, the students will be photographed and videotaped. These materials are gathered for promotional purposes such as brochures, display boards, and the website. In these materials, the names of students will not be disclosed. We would appreciate it if you would allow photographed and videotaped images to be used in any of the school's promotional materials.

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***Please complete and return to school by 5/10/2013.***

I give my permission for photos or video of my child to be used in any PALCS promotional material and waive any rights of compensation or ownership thereto.

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