

Columbia-Montour AVTS
5050 Sweppenheiser Dr.
Bloomsburg, PA 17815

STUDENT TRAVEL/FIELD TRIP PERMISSION AND RELEASE

I, _____, hereby certify that I am the parent or Guardian of
(Name of parent or guardian)

_____, (the "Student") a student at the Columbia-Montour Area
(Name of student)

Vocational-Technical School (the "School") and I hereby give my permission for the student to participate in travel or a field trip sponsored by the School to: _____.

I hereby release the School from any liability, which may be asserted against the School on account of the Student's behavior, conduct or actions during such travel or field trip and agree to indemnify the School against any such liability, loss, damages, claims, or actions from bodily injury, and/or property damage arising out of participation of this trip. I agree that the School, its personnel and chaperones, are vested with the final discretion to assess punishment against the Student on account of Student's behavior, conduct or actions during such travel or field trip, including, but not limited to, the sending of Student home on bus, air or other transportation and I agree to be liable for all costs incurred by the School in regard to such discipline and transportation.

Date of trip: _____

Departure Time from School: _____

Return Date: _____

Estimated Time of Arrival at School: _____

Signature of parent or guardian

Date of signature

*Signature denotes agreement to abide by rules (both parent and student.)

FIELD TRIP EMERGENCY INFORMATION FORM

Student Name _____ Age _____ Birthdate _____

Chaperone Name _____ Age _____

Home Address _____

Mother's Name _____

Father's Name _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Insurance Company _____

Policy # _____

Medications _____

Last Tetanus _____

Known Medical Conditions and/or Allergies _____

Are medications to be administered during the field trip? Yes _____ No _____

If yes, complete attached form and report to the nurse before returning this form to your teacher.

Other contacts in case parent(s) are unavailable:

Name _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

Parent or Guardian Signature _____

Date: _____