THE SCHOOL DISTRICT OF PHILADELPHIA

PARENTAL PERMISSION

TRIP INFORMATION

School	School Phone	Grade/Room	Date Prepared
Arts Academy at Benjamin Rush	215-281-2603	9-12	.

Teacher	Destination
Todd Corabi: Girls Soccer Coach	Varies: Interscholastic Athletics: See attached Schedule

Educational Purpose of Trip

To help promote physical, intellectual, social, emotional and spiritual wellness through interscholastic athletic competition

Date of Trip	Leave Time	Return Time	Trip Itinerary (summary)
Varies: See attached schedule	1:30-1:45	5:15pm	See attached Itinerary

Method of Transportation	Cost to Student	Student Lunch
School buses supplied by Office of Athletics	☒ Free $_____	☐ Bring ☐ Buy ☐ Provided ☒ Not Needed

Please complete and detach the bottom part of this form and return to teacher

STUDENT INFORMATION

Name of student: _____ I.D.#: _____ Date of Birth: _____

PARENT/GUARDIAN INFORMATION

1. Parent/Guardian: _____ Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Parent/Guardian: _____ Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student lives with (check all that applies): ☐ Father ☐ Mother ☐ Guardian

EMERGENCY CONTACTS

If the parents/guardians cannot be reached, the school will call the people listed below. The people listed below should be responsible individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; 3) have the authority to speak on behalf of the parents or legal guardians.

Name: _____ Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

HEALTH INFORMATION

If permission is granted, please provide the following medical information or if your child does not have any of the health conditions listed below, please write *"none"*.

Medication/s being taken by student: _____

Allergies to foods, drinks, insect bites, medications, other: _____

Other medical information: _____

Physician's Name: _____ Phone: _____

Medical/Hospital Insurance: _____ Group: _____ Type: _____

I have read the trip information to: _____ **on** _____.

Check one: my child ☐ may ☐ may not go on this trip

I understand that in case of any emergency requiring medical treatment, every effort will be made to reach one of the people listed above. If none of these people can be contacted, I authorize the school to give consent to treatment as deemed necessary by emergency responders.

Print Name of Parent/s or Guardian/s: _____

Signature of Parent/s or Guardian/s: _____ Date: _____

A copy of this form is to be kept on file until the end of the school year.