Schuylkill Intermediate Unit #29 PO Box 130 Mar-Lin, PA 17951

Parental Permission

The	$oldsymbol{ol}oldsymbol{ol}oldsymbol{ol{oldsymbol{ol}}}}}}}}}}}}}}}}}}}$		requests	
shop/class		center/bldg.	- 4	
permission to take		on a	ın educational field	
stu	udent name			
trip to	in	i	n the state of	
We v	will be gone on	the following	date(s) We	
will depart from thecenter/blo	at dg.		and will	
return to the center/bldg. at		Tra	nsportation will be	
provided by		The advisor a	and/or Teacher-In-	
Charge will be				
We will be requesting that field trip. (e.gpack lunch, bring clothing, etc):			•	
In the event of an accident Intermediate Unit personnel to se treatment to my children and I he harmless the Schuylkill Intermed Intermediate Unit personal for al in securing emergency medical to	ecure any neces ereby release ar iate Unit #29, it I liability in the reatment.	sary emerger nd agree to in s Board of Di performance	ncy medical Idemnify and save rectors and the of their duties and	
	Parent/C	Parent/Guardian Signature		
	Telepho	ne		
Emergency Information	Date			
Contact Person				
Telephone				

☐ School Office

☐ Advisor/Teacher