



PCHS FIELD TRIP PERMISSION FORM

Dear Parents,

Please complete and return this permission slip along with the YMCA Fee Waiver and Payment to **Ms. Culbertson (Room 2007)** by: **Friday, March 1, 2019**

Destination: **Camp Weaver, 4924 Tapawingo Trail, Greensboro, NC 27406**

Total Cost: **\$60.00**

Accepted Payments: Cash

Check (payable to Piedmont Classical High School)

Credit Cards (accepted by operations staff only)

Date: **Thursday, March 21, 2019** Departure Time: **9:30am**

Return Time: **Friday, March 24, 2019 @ 3:00pm**

Transportation: **Activity Bus Provided by PCHS**

Special dietary restrictions/needs? _____

Are there any medical concerns, allergies, or necessary medication for your child during the duration of this trip? _____ Yes _____ No

If yes, please explain:

_____ has my permission to attend the above class trip.

Student Name

Parent's Signature

Date

Emergency Contact Name/Phone Number

Emergency Contact Name/Phone Number