



## PCHS FIELD TRIP PERMISSION FORM

Dear Parents,

Please fill out and return this permission slip/money to your homeroom Teacher by: 2/15/19

Destination: NC Outer Banks Cost: \$225.00 (checks payable to: PCHS)

Date: 3/21/19 Departure Time: 7:00 AM Return Time: 7:45 PM

Transportation: Deluxe Motor Coach

Special dietary restrictions/needs? \_\_\_\_\_

\_\_\_\_\_ 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

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

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Donation

If you would like to assist PCHS children attend the field trip, please make a donation.

Donation Amount: \$ \_\_\_\_\_