

PITTSFORD CENTRAL SCHOOL DISTRICT

Mendon High School Senior Activities Field Trip Permission Form

Student Name: _____ Dates of trips: 5/29 Senior Banquet
6/17 Senior Trip
6/29 Graduation

Teachers: Mrs. Stacey Holliday & Mrs. Tish Romas Grade: Class of 2019

Destinations: Burgundy Basin Inn (Senior Banquet) 6:00 p.m.
Darien Lake (Senior Trip)
RIT Gordon Field House (Graduation) @ 2:00 p.m.

Other Itinerary: None

Transportation: PCSD Bus for Banquet & Graduation
District approved commercial carrier for Senior Trip

Departure/Return Information:

Senior Banquet Departure Date/Time:	Wednesday, May 29	6:00 PM	From: MHS
Senior Banquet Return Date/Time:	Wednesday, May 29	9:00 PM	At: MHS
Senior Trip Departure Date/Time:	Monday, June 17	8:25 AM	From: MHS
Senior Trip Return Date/Time:	Monday, June 17	6:30 PM	At: MHS
Graduation Departure Date/Time:	Saturday, June 29	12:30 PM	From: MHS*

***It is expected that students will leave RIT with family after graduation ceremonies. No bus transportation will be available for graduates to return to MHS.**

These field trips will be chaperoned and transportation will be provided by district-approved vehicles. Students are expected to abide by school rules and all instructions from the chaperones while participating on these field trips and to obtain assignments from their teachers for any classes that may be missed.

My son/daughter has permission to attend the above-mentioned field trips and will abide by school rules. In the event of an emergency, I give my permission for medical treatment.

Parent Signature

Date

Student Signature

Date

Return to Assistant Principals' Office by Friday, October 13th

*****PLEASE COMPLETE REVERSE SIDE*****



Medical Information Form

Student Name: _____ Birth Date: _____

Special Health Concerns: (e.g. asthma, diabetes, etc) _____

Allergies (food, medication, latex, etc.) _____

Physician Name: _____ Phone Number: _____

Insurance Carrier: _____ Ins. Number: _____

Parent's Name: _____

Parent's Phone: _____ Cell: _____ Work: _____

Emergency Contact Name: _____ Phone: _____