

Mount Union Area School District

603 North Industrial Drive Mount Union, Pennsylvania 17066

Dr. Amy Smith Superintendent

Telephone 814-542-8631

Field Trip Permission Form

I give permission for my son/daughte	to travel to	
ON (Date of Field Trip)	I understand that transportation will be by scho	pol bus.
(Signature of Parent/Guardian	n) (Home Phone)	(Work Phone)
dentify any medical problems your s	son/daughter might have, such as, but not limit	ed to, allergies, etc.
Medication child is currently taking:		
Consent for emergency Medical T	reatment:	
	cy arise, this form, when signed, will enable us to on, every effort will be made to contact you priv	
,(Parent/Guardian)	, CONSE	ent and agree to the emergency
medical/surgical treatment that, in th	ne professional judgment of authorized medical	personnel, is deemed necessary for
the well being of(Stude	ent's name)	
Health Insurance Provider:	Group)#:
Agreement #:	Family Physician:	Ph #
	hat I understand its contents. I hereby give urgical/dental care and treatment necessary	
(Signature of Parent/Guardian)	-	
BOARD	DISTRICT-WIDE ADMINISTRATORS	DISTRICT BUILDINGS

Dolly Ranck, President Deanna Lee Wagner, Secretary Telephone – 542-8631 DISTRICT-WIDE ADMINISTRATORS Carol L. Kauffman, Dir. Business Affairs Telephone – 542-8631 Dianne Thomas, Dir. Spec. Ed. Telephone – 542-2518