



ACTIVITY PERMISSION FORM

PLP is planning a trip to: North Carolina Bus Tour – Wed & Thurs, March 26 & 27

Purpose: College visitations and campus tours

Telephone Number of Destination: (Cell) Mr. Rhodes / Mrs. Reuter (704) 746 - 5563

Arrangements for Transportation: Bus Service

Time & Place of Departure: Pine Lake Preparatory School, 6:00AM March 26

Time & Place of Return: Pine Lake Preparatory School, 5:00PM March 27

Mode of Transportation: Bus Service

Adult Chaperones Attending:

Mrs. Reuter

Mr. Rhodes

Mrs. Triplett

Mr. Walker

Your child will need: Prepaid - Payment due Feb. 28th (space limited) – Spending money for personal purchases on campus /

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(Please tear off and return bottom portion to your child's Teacher.)

My child, _____, has permission to participate in the PLP field trip to _____ on _____.

During the activity, I may be reached at: _____
(Location and telephone number)

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:
Name: _____

Address: _____

Relation to Student: _____ Phone #: _____

Primary Care Physician Name and Phone #: _____

In the event of an emergency, I give my permission for necessary treatment of my child, _____, (insert child's full name) by the physician on duty at a hospital emergency room or by a doctor in private practice. I understand that all reasonable efforts will be made to contact me as soon as possible by the adult in charge of my child's group or activity.

Date

Parent/Guardian Signature