



NAZARETH ACADEMY HIGH SCHOOL
 4001 GRANT AVENUE
 PHILADELPHIA PA 19114
 215.637.7676 FAX: 215.637.8523

FIELD TRIP PERMISSION FORM

Sponsoring Group: Art Department

Sponsoring Moderator: Mrs. Shaw

Occasion: Hands on glassblowing workshop Date: Friday May 24, 2019

Location: East Falls Glassworks, Philadelphia

Method of Transportation: Bus: Philly Transportation, LLC

Leaving From: NAHS Time Leaving: 9:00 AM Program/ Event Time: 10:00AM

Returning To: NAHS Estimated Return Time: 2:00 PM Cost: \$110

I understand that participating in an off-campus activity is a privilege and that I am representing Nazareth Academy. I agree to abide by the policies of the school and of the sponsoring moderator.

Homeroom Section: _____

Signature of Student _____

Student's Cell phone # _____

My daughter has my permission to attend the field trip described above. This permission includes all related programs and events associated with this field trip. I waive the school of responsibility in the event of an accident and/or injury.

Also, as a parent or guardian, I authorize the treatment of my daughter by a qualified and licensed medical physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

 Signature of Parent / Guardian

 Date

Home Phone: _____ Cell Phone: _____

Emergency Contact Phone: _____

Family Physician: _____ Phone: _____

Please specify medical allergies, chronic illnesses or other conditions:

****List all medications that your daughter is currently taking:** _____

Insurance: _____

Identification #: _____

Group #: _____

Alternate Emergency Contact:

Name: _____

Relationship: _____

Phone: _____