

**PINECREST HIGH SCHOOL
250 VOIT GILMORE LN.
SOUTHERN PINES, NC 28388-1259**

FIELD TRIP PERMISSION FORM
Pinecrest High School Theatre Program

STUDENTS NAME:

SUPERVISING TEACHER(S): Adam Faw

LOCATION OF FIELD TRIP: West End Elementary School, STARS Charter School

DATE OF FIELD TRIP: Dec 17, Jan 6

TO BE COMPLETED BY PARENT/GUARDIAN:

My child, _____, has permission to participate in this field trip and all of the activities associated with this trip. Under no circumstances will Pinecrest High School, the instructor(s), nor Moore County School System be held liable in case of an accident. The supervising teacher also has my permission to authorize medical treatment for my child if needed. **Please list, on the back, any allergies or need-to-know information.**

NOTE: Transportation will be by private vehicle, not activity bus.

Medical Insurance Company: _____

Medical Insurance Policy Number: _____

Medical Insurance Primary Insured Person: _____

Emergency Contact Name and Number: _____

Parent Signature

Date