



**Gen. K. Pulaski Polish School**

6740 West Montrose Avenue  
Harwood Hts., IL 60706

**Parent/Guardian Permission Form**

I, the parent/guardian of \_\_\_\_\_, give the permission for the trip planned to:  
Student's Name

\_\_\_\_\_, on \_\_\_\_\_  
(place) (date)

Departure Time \_\_\_\_\_ (Approximate) Return time \_\_\_\_\_

By \_\_\_\_\_ Bus \_\_\_\_\_ Other \*(see below) Cost: \$ \_\_\_\_\_

OTHER NEEDS: \_\_\_\_\_

\* I give my son/daughter permission to travel with the teacher \_\_\_\_\_ to the event  
(Name of teacher)  
\_\_\_\_\_ (location) and back to school via \_\_\_\_\_.  
(mode of transportation).

**EMERGENCY INFORMATION**

\* On the day of the trip I can be reached at the following telephone number: \_\_\_\_\_

\* In the event that I cannot be reached, please contact \_\_\_\_\_ at the following  
number: \_\_\_\_\_.

\* In the case of a medical emergency, the adult leader have my permission to act on my behalf to obtain emergency  
treatment (calling 911) for my son/daughter by any recognized hospital or doctor.

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My child has the following: (please check if applicable)

Bee sting allergy                      Other allergies ... please list \_\_\_\_\_  
Asthma                                      Diabetes                                      Seizure disorder  
Other medical condition \_\_\_\_\_

Medication that MUST be taken on this field trip: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_