FORM 143 Rev. 1/2025

MT. LEBANON HIGH SCHOOL
155 COCHRAN ROAD
PITTSBURGH, PA 15228

PARENT PERMISSION AND INFORMATION FORM FOR STUDENT TO TRAVEL BY SCHOOL GROUPS

Absence from classes for this activity is school-sanctioned. Students must follow school procedures for making up missed class work. Parents may withhold permission for this trip if class absences will negatively affect the student's school performance.

STUDENT INFORMATION

Name		Birthdate		Student ID	

Homeroom		Teacher		Grade/Section	

Home Address		ZIP		Telephone	

Parent Name		Emergency Telephone	

TRAVELINFORMATION

Activity	Blue Devil Marching Band	Sponsor's Name	Mr. Jason Cheskawich
Location	All travel during 2025-2026 School Year.		
Departure	See Schedule	Return	

(Please give Date and Time) (Please give Date and Time)

Check method of transportation: ☐ School Bus ☐ Public Carrier ☐ Chartered Carrier ☐ Rental Car ☐ Private ☐ Car ☐ Other

OTHER INFORMATION:

MEDICAL INFORMATION: Please make sure your students' health office has current contact/medical information and completed medication orders as needed. **<u>All medications (prescription and non-prescription), if to be sent on a field trip, need to have both physician and parent written permission (including self-carry orders).</u>**

Medical Condition(s)	
Allergies	
Medication(s) presently taken during school hours	
****Emergency Medications (check corresponding box if medication will be with student during Field Trip)****	☐ Epinephrine Auto Injector ☐ Inhaler

I give permission for my child to receive emergency care while on this field trip. _____ (Parent Initials)

If available, text messaging and/or phone contact may be used to communicate with my child's staff members regarding issues associated with this activity. My child's phone number is: _____. Please contact the activity sponsor if you wish to be contacted in lieu of or in addition to your child. (See School Board Policy GBEE Student Communications for more information.)

Signature_____ Signature_____

(Student) (Parent/Guardian)

This form must be returned to ~~(Sponsor/Teacher)~~ Mr. Cheskawich By (~~Date~~) Mon. July 28, 2025

One copy is kept by the sponsor/teacher, and one copy is sent to the principal's office.