LCTI
LEHIGH CAREER & TECHNICAL INSTITUTE

FIELD TRIP PARENTAL PERMISSION FORM

The Future Business Leaders of America lab will participate in a field trip on April 7-10, 2024 to PA FBLA State Leadership Conference various locations throughout Hershey, Pennsylvania
(name of program) (date) (destination)

The students will be transported to and from the field trip site in the school bus/van/other van.
(specify)

The students will depart from LCTI, Parking Lot #3, at approximately 7:30am and, the
(parking lot #) (time)

students will return to LCTI, Parkling Lot #3, at approximately 2:00pm on April 10, 2024.
(parking lot #) (time) (date)

Please note: AM students on a full day field trip will take the 2:45 p.m. district bus from LCTI to the sending school. The students might arrive home later than usual. If the field trip begins or concludes before or after the usual school hours, parents/guardians are responsible for transportation of the student to and/or from LCTI. The students will be accompanied on the field trip by the teacher, Mr. Peregrin Mrs. Rarick.
(name of teacher)

Additional information, if needed, will be provided by the teacher(s) in charge of the field trip. Please complete the bottom portion of this page and return it to Mrs. Rarick in D-201 by January 19, 2024.
(name of teacher) (date)

_____ has my permission to participate in the field trip to PA FBLA State Leadership Conference various locations throughout Hershey, Pennsylvania
(name of student) (destination)

on April 7-10, 2024, accompanied by the teacher, Mr. Peregrin Mrs. Rarick. If your child has any
(date) (name of teacher)

special medical conditions, please notify the teacher at least two (2) weeks prior to the field trip. If your child requires medication during the field trip, please see the attached information. I authorize any emergency medical treatment by a physician at an accredited hospital and/or by emergency personnel if such treatment shall be deemed necessary.

_____ will follow all of the school rules, recognize the authority of the
(name of student)

chaperone, and will return on the transportation in which he/she departed for the field trip.

_____
(printed name of parent/guardian)

_____ _____
(signature of parent/guardian) (date)

Phone numbers to contact parent/guardian during the field trip in case of an emergency

_____ _____
(name/emergency phone number) (name/emergency phone number)