

Charleroi Area School District  
Special Excusal/Permission Form

Student Name: \_\_\_\_\_

Date(s) for student to be excused: \_\_\_\_\_

Departure time: \_\_\_\_\_ Return time: \_\_\_\_\_

Reason for excusal or permission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher making request: \_\_\_\_\_

Consent (signature) from class teachers:

Pd. 1 \_\_\_\_\_ Pd. 5 \_\_\_\_\_

Pd. 2 \_\_\_\_\_ Pd. 6 \_\_\_\_\_

Pd. 3 \_\_\_\_\_ Pd. 7 \_\_\_\_\_

Pd. 4 \_\_\_\_\_ Pd. 8 \_\_\_\_\_

Consent (signature) from parent for student to participate:

\_\_\_\_\_ Date: \_\_\_\_\_

APPROVED: \_\_\_\_\_ NOT APPROVED: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Be sure and complete emergency information on the back of form.

\*\*Completed copy is to be turned into the office prior to the field trip.

# EMERGENCY INFORMATION

Student Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_

**Emergency Contact Person Name and Phone:**

I/We grant permission for our daughter/son to go on the field trip. In case of accident, injury or illness I/We authorize the Charleroi High School advisor to take the above-named student to a physician or the emergency room of a hospital. Since the health of the student is of the utmost importance, it is important to know whether your child has any allergies, handicaps, or other health problems of which the advisor should be aware.

Please note the problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_  
Physician Phone Number: \_\_\_\_\_

Please list any medication student is taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company Name: \_\_\_\_\_  
Plan Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_