



# UNIONTOWN AREA HIGH SCHOOL

Uniontown Area School District

[www.uasdraiders.org](http://www.uasdraiders.org)

Mrs. Heather Sefcheck, Principal

Mr. Robert Manges, Principal

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Uniontown, PA 15401

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## Field Trip Permission Form

Student's Name:		Grade:	
Home Address:			
Parent/Guardian:			
Home Phone:		Cell Phone:	
Person to contact if parent/guardian cannot be reached:			
Home Phone:		Cell Phone:	

Dear Parent/Guardian:

The \_\_\_\_\_ under the supervision of \_\_\_\_\_

Name of Class/Organization

Teacher/Chaperone

from Uniontown Area High School will be attending a field trip on

\_\_\_\_ / \_\_\_\_ /20\_\_\_\_ at \_\_\_\_\_.

Location of Trip

Dress Requirements:	
Eating Arrangements:	

*While attending field trips, student behavior is subject to all district policies, regulations, and school rules.*

*Your signature below indicates your permission for your son/daughter to attend the field trip and his/her agreement to abide by the rules and regulations as set forth by Uniontown Area High School and indemnifies and releases the district and designated educator and chaperones from liability for any injuries incurred during the field trip. Also, permission is granted to a nurse, physician or hospital to administer medical services and/or medication to my child.*

*\*Please note that school districts do not have insurance plans that include medical coverage for students. If your child requires medical attention, related expenses will be the responsibility of the parents.*

We will be leaving Uniontown Area High School at approximately \_\_\_\_\_ and will return at \_\_\_\_\_.

This form must be returned to \_\_\_\_\_ by \_\_\_\_\_ / \_\_\_\_ /20\_\_\_\_.

Students may not attend the field trip without returning this permission form.

Parent/Guardian Signature:		Date:	
Student Signature:		Date:	