

LIVERPOOL CENTRAL SCHOOL DISTRICT

FIELD TRIP PERMISSION FORM

Field Trip Destination: Any competition/performance by the Liverpool High

School Marching Programs - James Dumas, Director

Date of Field Trip: any, during season Building: LHS

Transportation: Bus

I approve of my (son's/daughter's), \_\_\_\_\_  
(Name of Student)

participation in the field trip indicated above. I also authorize the use  
of any medical attention, if necessary.

\_\_\_\_\_  
(Signature/Parent/Guardian)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone No.)

\_\_\_\_\_  
(Parent Cell Phone No.)