

# Mount Pearl Senior High



Principal – D. King  
B.Sc., B.Ed., M.Ed.

Vice Principal – C. Druken  
B.A., B.Ed., M.Ed.

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Newfoundland  
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CONCORDIA CUM VERITATE

Telephone: (709) 364-8456  
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## PARENT/GUARDIAN FORM FOR FIELD TRIP/EXCURSION

Student's Name: \_\_\_\_\_

Home Tel. #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Conditions and or allergies:

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned parent/guardian of the above named student, agree for  
him/her to

participate in a school sponsored trip at \_\_\_\_\_ and will be  
coordinated by \_\_\_\_\_ (Location)

\_\_\_\_\_ from approximately \_\_\_\_\_ am/pm to  
(Teacher Name)

\_\_\_\_\_ am/pm on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**