

**MAYFIELD HIGH SCHOOL**  
6116 Wilson Mills Road \* Mayfield Village, Ohio 44143

**FIELD TRIP PERMIT**

Mayfield High School is trying to assist parents by notifying them of the off-campus activities and in-school field trips sponsored by the school. If you want your son/daughter to attend the event described below, please sign this permission slip and have your child return it to the sponsor of the event one week prior to the date of the field trip.

NAME OF EVENT Senior Class Day Trip  
LOCATION Kalahari Resort in Sandusky, OH  
DATE Friday, March 9, 2018 (No school this day)  
TRANSPORTATION School Bus  
TIME 8:00 a.m. - ~~8~~8:00 p.m.  
COST PER PUPIL \$30 admission, plus money for food  
SPONSOR Mrs. Fini-Sanson and Mr. Torda

I hereby give my permission to my son/daughter \_\_\_\_\_  
to attend the field trip to \_\_\_\_\_

To authorize the provision of emergency treatment for children who become ill or injured while attending the field trip, please complete the following pertinent information and confirm with your signature.

Home Phone \_\_\_\_\_ Mother (Work) \_\_\_\_\_ Father (Work) \_\_\_\_\_  
Mother (Cell) \_\_\_\_\_ Father (Cell) \_\_\_\_\_  
Student (Cell) \_\_\_\_\_

Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Hospitalization Insurance Company \_\_\_\_\_ Contract # \_\_\_\_\_

Special Instructions (e.g., bee sting allergy, medication allergy, etc.)

\_\_\_\_\_  
Parent Signature

**STUDENTS ARE RESPONSIBLE FOR HAVING THE REVERSE SIDE OF THIS FORM SIGNED BY THE APPROPRIATE FACULTY MEMBER(S).**