

Lisbon Central School
PERMISSION AND RELEASE FORM
FOR FIELD TRIPS AND OTHER OFF-CAMPUS ACTIVITIES

Activity or Trip: **Fire Prevention at the Lisbon Fire House**
10/14/2022

Date: **10/13/2022** or

Leaving from Lisbon Central School at the attached times.

Transportation: **Walking**

Adult Supervision/Student Ratio: **Going with classroom teacher**

Each child should bring: **a smile ☺**

Cost: **Free**

(Make checks payable to LCS Student Activity Account)

Curriculum Link: Fire Safety; move, touch-a-truck, firefighter dress up and a visit from Sparky.

Itinerary Attached

Student's Name: _____

Trip: **Lisbon Fire House** Date: **10/13/22** or **10/14/22**

I give permission for my child _____ to attend this trip. I give Lisbon Central School personnel to obtain medical attention for my child. Special allergies or medical considerations regarding my child are: _____

- Student has medical insurance.
 Student does not have medical insurance.

Please note there is an option to purchase student accident insurance through Bollinger at a reasonable cost. Plans can be purchased online at www.bollingerschools.com.

Print Parent Name: _____

Parent signature: _____

Emergency Contacts:

1) Name _____ Phone # _____

2) Name _____ Phone # _____

Please complete and return bottom portion by **10/12/22**.