



**CORNING-PAINTED POST
AREA SCHOOL DISTRICT**

Students are the center of all we do.

Frank Barber, Assistant Principal
David Harrington, Assistant Principal

Robin Sheehan
High School Executive Principal

Nick Kapral, Assistant Principal
Mike Gill Assistant Principal

Permission is hereby given for (Student/Child)

To Participate : CPPHS Band Trip, Toronto, Kitchner, Niagara Falls on October 6th-8th 2018

Student Name: _____

Address: _____

Medical Insurance Info (Policy # if available) _____

Home Phone : _____

Work Phone: _____ Emergency Phone Number: _____

I/We understand that under no circumstances will deposited money be refunded for any reason due to reservations or advanced ticket purchases by the travel company / CPP Band Boosters

Parent / Guardian Signature : _____

Special Medical/Dietary Information we should know (Allergies, Motion Sickness, Vegetarian, Vegan, Diabetes etc.)

*** A medical form (pink) will be distributed and needs to be filled out if your child is taking medications or OTC Medications on the trip. ** If this form is on file with the school nurse or your child is not taking any medication YOU DO NOT need to fill out the pink Medication Dispensing Form.

In the event of illness or injury while involved with the Corning-Painted Post High School Band Trip, I hereby consent to any required medical attention by a qualified licensed physician or surgeon to examine and diagnose and to prescribe for and/or perform treatment, including surgery on my son/daughter. Every effort will be made to contact parents / guardians in the event of an emergency treatment situation.

Student Name : First _____ M.I. _____ Last) _____

Parent/Guardian
Signature: _____ Date: _____

** please note BOTH sections for parent/guardian signature**

