



CORNING-PAINTED POST
AREA SCHOOL DISTRICT

Students are the center of all we do.

George Bacalles, Assistant Principal
Jennifer Burrell, Assistant Principal

Robin Sheehan
High School Executive Principal

David Harrington, Assistant Principal
Nicholas Kapral, Assistant Principal

Permission is hereby given for:

Name: _____

To Participate: on the Band Trip to Rome, Italy Date: 12/27/2025-1/3/2026

Address: _____

Medical Insurance Info (Policy# if Available) _____

Phone: _____

Student's T-Shirt Size (Adult): _____ Emergency Phone Number _____

Parent / Guardian Signature: _____

*** Please fill out the physician's **order for medication form** if the student is taking medications. * If the form is already on file with the school nurse, or your child is not taking any medication, YOU DO NOT NEED TO FILL OUT THE MEDICATION FORM. This form is on the C-PP website or you may pick it up in the nurse's office.

Please list any special medical/dietary information; (Food or Medication Allergies, Motion Sickness, Vegetarian/Vegan, Diabetes, etc.):

- In the event of illness or injury while involved with the Corning-Painted Post High School 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.
- We acknowledge that the only refund possibility is if the trip is cancelled outright.
- We acknowledge, in the case of a cancellation, that if credits are used, or scholarships are granted, that money should go back to the CPP Band Booster Inc.

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

Parent/Guardian Signature: _____ Date: _____

Without this form the student will not be allowed to participate on the trip.** Please Note both sections for Parent/Guardian signature**

